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NEWELL, MARY ELIZABETH

THE EFFECT OF THERAPIST EMPATHY, NORM
DISCLOSURE, AND SELF-DISCLOSURE ON CLIENT
SELF-DISCLOSURE AND ATTRACTION TO THE
THERAPIST.

THE UNIVERSITY OF NORTH CAROLINA AT
GREENSBORO, PH.D., 1979

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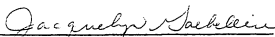
by

Mary E. Newell

A Dissertation Submitted to
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Doctor of Philosophy

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Approved by


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APPROVAL PAGE

This dissertation has been approved by the following committee
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NEWELL, MARY E. The Effect of Therapist Empathy, Norm Disclosure, and Self-Disclosure on Client Self-Disclosure and Attraction to the Therapist. (1979) Directed by: Dr. Jacquelyn Gaebelein. Pp. 115

The purpose of this study was to investigate the effect of therapist self-disclosure in a clinical setting. In addition, the study investigated theoretical variables related to self-disclosure in psychotherapy. Therapist empathy and disclosure about norms, which have been hypothesized to be involved in self-disclosure, were included.

Fifty-four adult clients of an outpatient mental health center were randomly assigned to six experimental groups. Clients in the norm-disclosure/empathy condition were interviewed by a therapist who gave disclosure about norms for the frequency of the client's problem and made statements of empathy. Clients in the norm-disclosure/no-empathy condition were interviewed by a therapist who gave disclosure about norms but made no empathy statements. Clients in the self-disclosure/empathy condition were interviewed by a therapist who told about a personal experience which was similar to the client's and made empathy statements. Clients in the self-disclosure/no-empathy condition were interviewed by a therapist who disclosed about personal experiences but made no empathy statements. Clients in the no-disclosure/empathy condition were interviewed by a therapist who made empathy statements but did not disclose. Clients in the no-disclosure/no-empathy condition were interviewed by a therapist who made neither disclosure nor empathy statements.

It was predicted that (a) therapist self-disclosure would produce more client self-disclosure and more favorable ratings of the therapist than norm disclosure or no disclosure; (b) norm disclosure would produce more client self-disclosure than no disclosure; (c) therapist empathy

would elicit more client self-disclosure and more favorable ratings of the therapist than no empathy.

Four dependent measures were recorded: number of client self and family references, client speech duration, client rate of return to the clinic, and responses to an Interview Rating Scale.

The prediction that therapist self-disclosure would produce more client self-disclosure and more favorable therapist ratings than norm disclosure or no disclosure, and the prediction that therapist norm disclosure would produce more client self-disclosure were not confirmed. There were no significant effects for therapist disclosure for any of the dependent measures. The prediction that therapist empathy would produce more client self-disclosure and more favorable ratings of the therapist than no therapist empathy was not confirmed. There were no significant differences in the number of self and family references, speech duration, or return rate for clients who were exposed to therapist empathy and those who were not exposed to therapist empathy. Contrary to prediction, clients interviewed without therapist empathy rated the therapist as more trustworthy and less judgmental than clients interviewed with therapist empathy. These and other results are discussed and suggestions for further research are given. Features of the present study which may account for the failure to confirm the experimental hypotheses (diagnostic characteristics of the clients; professional status of the therapists; frequency and timing of therapist disclosure and empathy statements; situational features of the intake interview; choice of dependent measures) are discussed.

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CHAPTER I

INTRODUCTION

The historical roots of the study of self-disclosure stem from two areas of interest. Jourard (1964, 1968, 1971) has suggested that disclosure about oneself to significant others is a concomitant of psychological health and has stimulated research investigating the relationship of self-disclosure to other personality variables, and studies exploring variables which increase self-disclosure. Social psychologists have studied the role of self-disclosure in the development and maintenance of interpersonal relationships, because they have regarded the exchange of information about personal experiences as an important factor in social interaction. Cozby (1973) and Goodstein and Reinecker (1974) have thoroughly reviewed the early research in self-disclosure. A major focus of both personality and social psychology research has been the reciprocity of self-disclosure (the tendency for individuals to disclose more to others who have disclosed to them.)

The presumed mental health consequences of self-disclosure, coupled with the role of self-disclosure in the development and maintenance of interpersonal relationships, has attracted the attention of mental health professionals, who regard client disclosure about personal experiences as a necessary condition for successful psychotherapy. There has been controversy concerning the utility of therapist self-disclosure among professionals whose approaches to therapy prescribe different types of

therapist-client relationships. Psychoanalytically oriented therapy prohibits therapist self-disclosure because it is presumed to interfere with the development of transference (the tendency of clients to behave toward the therapist as they do toward significant others in their lives). Client-centered therapy approaches, which emphasize mutual openness between therapist and client, favor therapist self-disclosure. Behavior therapists have neither advocated nor condemned the use of therapist self-disclosure.

The following discussion reviews the self-disclosure literature, with emphasis on theoretical issues and research which are relevant to the psychotherapeutic situation. Descriptive and operational definitions of self-disclosure are presented, and issues related to the validity of instruments of measurement are discussed. Variables which have been shown to influence self-disclosure responses (characteristics of the discloser; characteristics of the target of self-disclosure; the disclosure situation) are explored. Theories which have been formulated to account for reciprocity of self-disclosure in therapist-client interactions and in other interpersonal relationships are reviewed, and research related to the theories is discussed. The purpose, design, and hypotheses of the present study are presented in relationship to theoretical issues and research which are specific to self-disclosure in psychotherapy.

Definitions of Self-Disclosure

Cozby (1973) defines self-disclosure as any information about themselves which people reveal to others. Worthy, Gary, and Kahn (1969) and

Goodstein and Reinecker (1974) include only information which has not been made public in their definitions of self-disclosure.

Measurement of Self-Disclosure

Cozby (1973) reviews instruments which have been used to measure self-disclosure. Jourard's Self-Disclosure Questionnaire (JSDQ) is a 60-item questionnaire on which subjects respond to items in six content areas (attitudes and opinions, tastes and interests, work or studies, money, personality, and body), indicating the extent to which they have disclosed to each of four people (mother, father, best opposite-sex friend, and best same-sex friend). Research indicates low predictive validity for the JSDQ, with low correlations between questionnaire self-disclosure scores and actual self-disclosure, measured by speech duration, ratings of intimacy of statements, and number of statements.

A more recent Jourard self-disclosure questionnaire includes 40 items which ask subjects to indicate what they have disclosed in the past and what they would be willing to disclose to a stranger of the same sex. This questionnaire involves a situation which is similar to the experimental situation used in most self-disclosure research, and it has been shown to predict actual self-disclosure accurately.

Other questionnaires which are described by Cozby (1973) include an inventory for adolescents, a system devised by Vondracek and Vondracek for scoring self-disclosure by preadolescents in interview situations, a social accessibility scale in which subjects indicate what they would disclose to a stranger, an acquaintance, and a best friend, and Taylor and Altman's list of 671 statements which are scaled

for intimacy value and topical content. Taylor and Altman's statements can be used to construct questionnaires, to score speech content for self-disclosure, or as stimulus materials for experimental manipulations.

Goodstein and Reinecker (1974) review measures of self-disclosure which have been used to assess actual self-disclosure in research. These measures include number of words spoken, length of time spent talking, scaled intimacy level of topics discussed, independent ratings of intimacy of disclosure, and number of personal references. The authors point out problems involved in comparing the results of studies which use different measures.

Most self-disclosure research has investigated self-disclosure as a dependent variable, exploring variables which affect the amount and intimacy of self-disclosure. Research investigating variables which have emerged as important determinants of self-disclosure will be reviewed below.

Characteristics of the Discloser

Demographic characteristics. Goodstein and Reinecker (1974) review research involving characteristics of the discloser which are related to self-disclosure. In general, studies have found that females report more self-disclosure than males. Research involving racial and ethnic factors has shown that whites report more self-disclosure than blacks, and Americans self-disclose more than people from other countries. Jewish males report more self-disclosure than Baptist, Methodist, or Catholic males.

Age has also been shown to be a factor in self-disclosure. Increasing age brings a decrease in disclosure to parents and an increase in disclosure to opposite-sex friends. In general, research has shown a decrease in self-disclosure after age 50.

Studies investigating the effect of marital status have found that married persons report more disclosure to their spouses than to others, and less disclosure to parents and friends than that reported by single persons.

Firstborns have been found to report less self-disclosure than later borns; however, there is an interaction of birth order and target of self-disclosure. Firstborns disclose more to their mothers than later borns.

Psychological characteristics. Many studies have attempted to relate self-disclosure to various measures of mental health and psychological adjustment in order to investigate Jourard's claims (1964, 1968, 1971) that self-disclosing individuals are more healthy psychologically than individuals with low levels of self-disclosure. According to Cozby (1973), the only personality variable which has consistently been found to be related to self-disclosure is sociability (extraversion). Goodstein and Reinecker (1974) review studies which evaluate the correlation between self-disclosure and various measures of adjustment and mental health and report no consistent positive results. Cozby (1973) suggests a curvilinear relationship to account for the conflicting results. He hypothesized that well-adjusted individuals are characterized by high disclosure to a few significant individuals and low disclosure to everyone

else. Poorly adjusted individuals are characterized by either high or low disclosure to everyone.

Mayo (1968) compared self-disclosure for normals, normals with neurotic symptoms, and neurotic inpatients. Normals reported more self-disclosure than neurotic inpatients; neurotic inpatients reported lower reciprocity of self-disclosure than the other two groups. Chaikin, Derlega, Bayma, and Shaw (1975) exposed college males who were identified as normal or neurotic by scores on the Maudsley Personality Inventory to a confederate who disclosed with either intimate or superficial information about himself. Normal males demonstrated reciprocity of disclosure, disclosing more to confederates who disclosed intimate information, but neurotic males disclosed at a moderate level regardless of the level of the confederate's disclosure.

These studies suggest that neurotics are characterized by socially inappropriate self-disclosure, with insensitivity to social cues, supporting Cozby's hypothesis that poorly adjusted individuals do not vary their level of self-disclosure with different individuals.

Characteristics of the Target of Self-Disclosure

Intimacy with the target. Goodstein and Reinecker (1974) review the research and conclude that, in general, people disclose more to people with whom they are intimate than with casual acquaintances. Gaebeline (1976) found that an experimenter's intimate disclosure elicited more disclosure from close friends than from casual acquaintances or strangers. Goodstein and Reinecker (1974) point out, however, that there is also a "stranger on the bus" phenomenon, involving intimate

disclosure between strangers who never expect to meet again. This phenomenon is usually explained by the fact that with strangers there is little chance of negative consequences following self-disclosure. Cozby (1973) reviews studies which indicate that people disclose more when they receive positive feedback from the target of the disclosure and disclose less when they receive negative feedback.

Derlega, Wilson, and Chaikin (1976) investigated the effect of level of acquaintance between the participants on reciprocity of self-disclosure. They found that intimacy of disclosure was affected by the intimacy of the other's disclosure for strangers but not for friends. These results are attributed to the fact that the norm of reciprocity is the only standard available to strangers to determine the appropriate level of self-disclosure, while friends have other bases for determining level of disclosure.

Sex of the target. Studies reviewed by Goodstein and Reinecker (1974) find that same-sex friends are more frequent recipients of disclosure than opposite-sex friends.

Family relationships. Research reviewed by Goodstein and Reinecker (1974) indicates that mothers are more frequently recipients of disclosure by teenagers regardless of sex. Married persons have been found to disclose more to their spouses than to anyone else.

Personality of the target. Persons and Marks (1970) found that interviewee self-disclosure was greatest when the interviewer had the same MMPI code type as the interviewee. This result suggests compatibility or similarity as a factor in determining self-disclosure.

Liking for the target. Liking for the target of self-disclosure has been studied as both an independent and dependent variable. Goodstein and Reinecker (1974) review studies which have found that persons disclose more to people they like. Worthy et al. (1969) found that subjects generally disclosed more to people they initially liked most, and that subjects liked most others who had disclosed to them. Cozby (1972) found a curvilinear relationship between self-disclosure and liking. Subjects were most attracted to others who disclosed at medium levels of intimacy. Cozby suggests that highly intimate disclosures may arouse anxiety and thus be perceived as negative feedback.

The relationship between self-disclosure and liking is influenced by many other variables. Of the studies reviewed by Cozby (1973), there were significant relationships between self-disclosure and liking in the studies using female subjects, but not in the studies using male subjects. Chelune (1976) found that a male speaker was most liked when he was a low discloser, while a female speaker was least liked when she was a low discloser. This study indicates that the social norms for self-disclosure may be different for men and women.

Daher and Banikiotes (1976) reported that individuals were more attracted to others who disclosed similar content. Subjects were attracted more to high disclosers only when the content of the disclosure was similar to the content of the subjects' disclosure.

Derlega, Harris, and Chaikin (1973) found that high disclosers who revealed deviant information (homosexual experiences) were liked less than high disclosers of conventional information (heterosexual experiences) or disclosers who revealed non-intimate information. Liking,

however, did not affect the level of the subjects' disclosure. Subjects disclosed more to high disclosers, regardless of whether the information disclosed was deviant or conventional.

Gelman and McGinley (1978) reported that interpersonal attraction was predictive of self-disclosure, as measured by the JSDQ. Attitude similarity was significantly correlated with liking but was not predictive of self-disclosure.

Wortman, Adesman, Herman, and Greenberg (1976) studied the effect of the timing of disclosure. A confederate who disclosed personal information early in an interview was liked less than a confederate who disclosed later in the interview. The early discloser was seen as phony, immature, and maladjusted.

Chaikin and Derlega (1974) found that subjects liked persons who reciprocated self-disclosure. A person who followed another's high level of disclosure with a low level of self-disclosure was described as cold. A person who followed another's low level of disclosure with high disclosure was described as maladjusted.

In summary, the relationship between self-disclosure and liking is complex and is affected by many other variables. Under certain conditions, liking has an effect on self-disclosure and self-disclosure affects liking.

The Disclosure Situation

Opportunity for other interaction. In a study by Altman and Haythorn (1965) navy men confined in pairs for a 10-day period disclosed more to their partners than did sailors who had access to other persons during their free hours.

Role or status of the participants. Slobin, Miller, and Porter (1968) reported that people are most likely to disclose to peers, next most likely to disclose to superiors, and least likely to disclose to subordinates. Young (1969) found males to be more responsive to role differences than females.

Size and cohesiveness of groups. Robbins (1965) found that subjects report more self-disclosure in a cohesive group. Drag (1968) obtained more disclosure in four-person groups than in two-person or eight-person groups.

Exposure to models or instructions. Much research has been devoted to comparisons of the relative effectiveness of modeling and detailed instructions in eliciting self-disclosure. Conley (1969) found instructions to "be friends" or "really to get to know each other" to be more effective than instructions to "get acquainted" in producing self-disclosure. Ribner (1971) obtained more self-disclosure in small groups with an explicit self-disclosure contract than with instructions to "get acquainted as fully as possible."

Vann (1975) reported that modeling of high vs. low disclosure of a therapist had no effect on subjects' self-disclosure. Fantasia, Lombardo, and Wolf (1976) found exposure to a model effective in increasing self-disclosure of low disclosers and decreasing self-disclosure of high disclosers. A study by Thase and Page (1977) revealed that exposure to a model who indicated willingness to disclose on various topics increased subjects' willingness to disclose.

Doster (1972) compared instructions, role rehearsal, exposure to a model, and combinations of detailed instructions plus role rehearsal and detailed instructions plus a model with a control condition of minimal instructions in an interview situation. Detailed instructions were more effective than minimal instructions in producing self-disclosure. Exposure to a model and role rehearsal had no effect on self-disclosure. Combinations of treatment components did not differ in their effects from individual treatment components. Scheiderer (1977) demonstrated that detailed instructions and modeling prior to an interview increased clients' personal disclosure and decreased impersonal disclosure. Detailed instructions produced more self-disclosure than modeling, and modeling did not increase clients' disclosure when added to detailed instructions. Marlatt (1971) found that exposure to a model produced more self-disclosure in an interview than no exposure. Detailed instructions regarding what to discuss produced no effect; however, following exposure to a model, subjects who were given minimal task instructions disclosed more than subjects given detailed instructions. These results suggest that exposure to a model is most effective when the task is ambiguous and little instruction regarding appropriate behavior is given. McAllister and Kiesler (1975) found that exposure to a taped model produced more disclosure in an interview than instructions alone.

In summary, both modeling and detailed instructions have been found to be effective in producing self-disclosure, but results regarding their relative effectiveness are often conflicting. Contradictory results may be due to the interaction between the two variables and the use of different types of models and instructions in different studies.

Exposure to a disclosing partner. In general, research involving subjects who are exposed to another person who engages in self-disclosure has established a consistent dyadic effect. That is, individuals who are exposed to a person who self-discloses tend to reciprocate with a similar level or amount of self-disclosure. Cozby (1973) reviews studies which have investigated the dyadic effect. In early research by Jourard and his associates, subjects reported correlation between disclosure input and output for colleagues, mother, father, and best friends on self-disclosure questionnaires. Later studies confronted subjects with confederates who disclosed at either high or low levels. Most studies have found that confederates who disclose at high levels (measured by number of statements or intimacy of topics) elicit greater self-disclosure from subjects than confederates who disclose at low levels (Chittick & Himelstein, 1967; Doster & Strickland, 1971; Ehrlich & Graeven, 1971; Jourard & Resnick, 1970; Shapiro, 1968).

Cozby (1973) reviews studies which have tested the hypothesis that there is a curvilinear relationship between self-disclosure and disclosure from others. These studies have not obtained a curvilinear relationship. At high levels of intimacy, there is still an increase in subjects' self-disclosure with higher levels of confederate self-disclosure; however, the increase becomes smaller as intimacy increases from medium to high. Thus, reciprocity of self-disclosure appears to be a well-established phenomenon, even with extremely intimate levels of disclosure. Goodstein and Reinecker (1974) review studies which have obtained the dyadic effect in many different types of social relationships,

including group leader and participants, interviewer and interviewee, and experimenter and subject.

Effect of Other Variables on Reciprocity of Self-Disclosure

Altman (1973) reviews research involving the effect of situational factors on reciprocity of self-disclosure. Jourard and Resnick (1970) found that characteristically low disclosers revealed more to high disclosers than to low disclosers, while characteristically high disclosers disclosed at the same level, regardless of the amount of information disclosed by their partner. Cozby (1972) found reciprocity to be maximal at superficial levels of intimacy and minimal at intimate levels. Chaikin, Derlega, Harris, Gregorie, and Boone (cited in Altman, 1973) found reciprocity in white dyads but obtained the reverse effect in racially-mixed dyads. Derlega, Chaikin, Easterling, and Furman (cited in Altman, 1973) found low reciprocity when subjects anticipated that videotape recordings would be made and their conversations made public. Chaikin et al. (1975), as described previously, found that normal males demonstrated reciprocity of self-disclosure, while neurotic males did not demonstrate reciprocity.

Thus, the dyadic effect, while consistently obtained in most studies, is influenced by situational and personality variables. Further research is needed to identify these variables and to assess interactions among the variables.

Theories of Reciprocity of Self-Disclosure

Most theories of reciprocity are based on the social exchange involved in self-disclosure or the modeling effect of exposure to a person

who self-discloses. Three theories will be discussed below which involve social exchange, modeling, or both.

Social exchange theory. Worthy et al. (1969) have proposed a theory of reciprocity based on social exchange theory. Social exchange theory explains social interaction in terms of reward/cost factors. In the Worthy et al. theory, self-disclosure is assumed to be a reward or positive outcome for the recipient, inasmuch as it indicates that the recipient is liked and trusted by the discloser. The more intimate the disclosure, the more rewarding it is. The discloser then becomes liked more by the recipient, because one who provides positive outcomes tends to be liked. People tend to extend positive outcomes to those they like; therefore the recipient of the disclosure reciprocates with self-disclosure. Worthy et al. (1969) derived and tested two hypotheses from this theory: (a) people will initially disclose most to people they like most; and (b) people will tend to like most those who disclose most to them. Both of these predictions were supported in the study. The authors conclude that reciprocity of self-disclosure is mediated by liking. Standing against the theory is the study by Derlega et al. (1973), previously described, in which subjects exposed to a confederate who exposed deviant information reciprocated his high level of disclosure, despite the fact that they reported low levels of liking for him.

Modeling and trust. Rubin (1975) has developed a theory of reciprocity based on modeling and trust. In this theory, reciprocity is based in part on a modeling effect. The first person's disclosure serves as a cue to the second person regarding the appropriate degree

of intimacy in a given situation. Reciprocity is also based on trust. When a person discloses to you, you assume that that person likes and trusts you and you reciprocate to show that the person's trust is justified. Rubin (1975) did a study to assess the relative importance of modeling and trust in determining reciprocity of self-disclosure. Half of the subjects were told that the purpose of the study was handwriting analysis. Half were told that the study was concerned with self-description. A stronger modeling effect would be expected in the self-description condition. Half the subjects were told that the experimenter would read their statements (personal condition), and half were told that the experimenter would not read their statements (anonymous condition). The modeling effect should be present in both conditions, but trust should be involved only in the personal condition. The results of the study indicate more reciprocity in the self-description condition, supporting modeling as a determinant of reciprocity. Reciprocity was equal in the personal and anonymous conditions, suggesting that trust had no effect on reciprocity.

A second experiment was conducted to create conditions to minimize modeling and maximize trust. To minimize modeling, the study was presented as a study of handwriting analysis. To maximize the effect of trust, the experimenter wrote his statement in front of the subject, rather than using a prewritten statement as in the previous study. Half of the subjects were told that the experimenter was copying a prewritten statement (copy condition), and half were told that the experimenter was writing an original statement (create condition). The experimenter's

statements were of three levels of intimacy: low, medium, and high. It was hypothesized that, in the copy condition, subjects would model the experimenter's level of intimacy, as in the previous study; in the create condition, trust was expected to supplant modeling. The high-intimacy message was expected to create suspicion rather than trust and elicit a low degree of self-disclosure when the statement was seen as the experimenter's self-disclosure. Thus, a curvilinear relationship was predicted between intimacy of the experimenter's disclosure and subjects' disclosure in the create condition. The predicted pattern of results was obtained with respect to the length, but not to the intimacy of the subjects' disclosures. Subjects revealed successively more intimate material in the low, medium, and high conditions of intimacy of the experimenter's disclosure in both the copy and create conditions. Thus the hypothesis that personal, high-intimacy disclosures from the experimenter would create suspicion and produce low levels of subject disclosure was not supported.

Social penetration theory. Altman (1973) has formulated a theory of reciprocity of self-disclosure based on social penetration theory. According to the latter, the growth of an interpersonal relationship is the joint result of interpersonal reward/cost factors, personality determinants, and situational determinants. Relationships proceed from non-intimate to intimate areas of exchange. The rate and amount of movement depends on reward/cost factors of past, present, and projected future exchanges.

Altman's model incorporates social penetration theory, social exchange theory, and Rubin's modeling and trust theories. According to

this model, disclosure requires initial trust. A trial disclosure is made, and if the outcome is positive, the person will be willing to continue disclosing. The recipient, by virtue of receiving the disclosure, feels trusted by the discloser; therefore, the recipient trusts the discloser more and is willing to disclose to this person. This process is important in the early stages of a relationship, when social norms are needed to prescribe appropriate behavior. Overall, reciprocity declines as the relationship progresses and reward/cost factors have been firmly established. From this general theory, Altman has derived specific predictions, one being that reciprocity is greater for superficial, non-intimate materials. As previously cited, Cozby's (1972) results supported this prediction. Altman also predicts that reciprocity of non-intimate disclosures is maximum among strangers and casual acquaintances. Reciprocity of intimate topics is maximum among those "headed toward being close friends." Reciprocity, according to Altman, rarely occurs among very close friends, because other factors determine disclosure patterns in intimate relationships. Derlega et al. (1976) reported reciprocity of self-disclosure for strangers but not for friends, supporting Altman's theory. On the contrary, Gaebelin (1976) found more reciprocity of self-disclosure with close friends than with acquaintances or strangers. Unless the friends in Gaebelin's study were at the level of friendship which Altman describes as "headed toward being close friends," these results do not support Altman's theory.

None of the theories of reciprocity of self-disclosure have consistent, strong empirical support. In general, the theories are vague and

are based on assumptions which have not been shown to be empirically valid.

Self-Disclosure in Experiments, Interviews, and Psychotherapy

The dyadic, reciprocity effect has been established for self-disclosure between subjects and confederates and among subjects. The relationship between experimenter and subject, interviewer and interviewee, and therapist and client is somewhat different from the relationships in the studies reviewed thus far. The experimenter, interviewer, or therapist is usually seen as an authority figure. In addition, the social norms governing behavior in experiments, interviews, and psychotherapy usually prescribe more disclosure from subjects, interviewees, and clients than from experimenters, interviewers, and therapists.

Powell (1968) studied self-disclosure in an interview situation. He found that subjects disclosed more when the interviewer responded to the subjects' self-references with open disclosure than when he responded with approval-supportive or reflection-restatement responses. Jourard and Freidman (1970) found that subjects disclosed more to an experimenter who disclosed to them; experimenter disclosure also produced an increase in reported positive feeling about the experimenter. Jourard and Jaffe (1970) found an increase in the length of subjects' disclosure with an increase in the length of time the experimenter disclosed on various subjects. Jourard (1969) reviews studies which found that subjects disclose more on personality tests after exposure to an examiner who disclosed to them during "get acquainted" interviews. Jourard (1969) described a study by one of his students, which demonstrated that subjects who engaged in a

mutually-disclosing interview with the experimenter showed more willingness to disclose to the experimenter and to a peer than subjects who were interviewed by the experimenter or who did not meet the experimenter prior to the study. Vondracek and Vondracek (1971) found that children disclose more to an adult interviewer who discloses than one who does not disclose.

Recently, there has been a growing interest in the role of self-disclosure in psychotherapy. Truax and Carkhuff (1965) reviewed literature which suggests that client self-disclosure is an important determinant of the outcome of psychotherapy. Clients who improved in individual and group therapy were those who disclosed about themselves during therapy interviews. Interest in the effect of therapist self-disclosure in psychotherapy has been generated by the emphasis on therapist behavior in client-centered therapy approaches. Truax and Carkhuff (1965) not only found client self-disclosure to be correlated with success of psychotherapy; in addition, they obtained a significant correlation between the amount of therapist self-disclosure and client self-disclosure. This effect was present both in individual and group therapy. Halpern (1977) investigated the relationship between therapist and client self-disclosure with students seeking counseling at a university agency. After five counseling sessions, students answered the JSDQ for past self-disclosure, JSDQ for Client Self-Disclosure, JSDQ for Counselor Self-Disclosure, and a Relationship Questionnaire assessing their perception of the counselor. Significant positive correlations were found between the clients' perception of self-disclosure and clients' perception of counselor disclosure.

In addition, a significant, positive correlation was obtained between clients' perception of counselor facilitativeness and clients' perception of self-disclosure, but there was less variance attributable to this relationship than to the relationships between therapist and client self-disclosure. Finally, there was a relationship between the clients' perception of the counselor as disclosing and as warm and empathetic, but no relationship between counselor disclosure and counselor genuineness. The authors conclude that, while counselor warmth and empathy are factors affecting client self-disclosure, counselor disclosure is the most important determinant.

The studies by Truax and Carkhuff (1965) and Halpern (1977) support reciprocity between client disclosure and therapist disclosure. These studies, however, used correlational data, which do not permit establishment of cause and effect relationships. The following studies employed experimental paradigms.

Doster and Brooks (1974) found that an interviewer who played a tape of himself revealing either positive or negative information about himself elicited higher levels of disclosure from interviewees than an interviewer who did not disclose. Bundza and Simonson (1973) used a psychotherapy analogue paradigm. Subjects were provided with a written transcription of a therapy interview in which the therapists' comments conformed to one of three conditions: no self-disclosure, warm support, or self-disclosure. The subjects then indicated their willingness to disclose to the therapist. Subjects in the therapist self-disclosure condition showed more willingness to disclose to the therapist than subjects in warm-support or no-disclosure conditions.

The studies reviewed above lend support to the reciprocity effect in interviews and psychotherapy. Vondracek (1969) conducted a study which, on the other hand, did not find support for the reciprocity effect. In this study, an investigator interviewed subjects with probing, reflecting, or revealing (self-disclosure) techniques. The probing condition was most effective in eliciting self-disclosure. There was no difference in the effectiveness of the reflecting and revealing techniques.

Variables Which Interact With the Effect of Therapist Self-Disclosure

Type of therapist disclosure. Several variables have been shown to interact with the effect of therapist self-disclosure. One of the most widely investigated variables is the type of disclosure used by the interviewer. Several studies have compared the use of demographic (impersonal) disclosure and personal disclosure. An example of demographic disclosure is "I know Philadelphia. I lived there for awhile." An example of personal disclosure is "I had a sleeping problem myself for quite awhile, and this finally did the trick." Simonson and Apter (cited in Simonson & Bahr, 1974) found that subjects who heard a therapist offer impersonal comments about the therapist's past disclosed more than subjects who heard a non-disclosing therapist; however, subjects who heard a therapist who disclosed both personal and impersonal comments disclosed less than subjects exposed to only demographic disclosure. Simonson and Bahr (1974), in a similar analogue study, exposed subjects to a tape of either a professional or a paraprofessional therapist who disclosed at one of three levels: no disclosure, demographic disclosure, or personal disclosure. Both the professional and

the paraprofessional therapists elicited more client disclosure when they disclosed demographic information than in the no-disclosure condition. In the personal condition, the paraprofessional therapist elicited more disclosure with personal therapist disclosure than with demographic disclosure. The professional therapist elicited less client disclosure in the personal-disclosure condition than in the demographic-disclosure condition. Parallel results were obtained for the clients' attraction to the therapist. The authors attribute these results to the psychological distance between client and therapist. The professional therapist is expected to be more distant; therefore, clients do not approve of intimate disclosure by a professional therapist, and respond with less self-disclosure and decreased interpersonal attraction. Simonson (1976), using the same analogue paradigm, compared no therapist disclosure, demographic disclosure, and personal disclosure for therapists presented as being warm or cold. The results of the study indicate that therapists presented as being warm elicited greater subject disclosure than therapists presented as being cold. For warm therapists, demographic disclosure elicited greater subject disclosure than no disclosure or personal disclosure. For cold therapists, there were no significant differences in the amount of client disclosure elicited among the three levels of therapist disclosure. These results suggest that demographic disclosure by a therapist who is perceived as a warm person is most effective in eliciting self-disclosure from clients. Cash and Salzbach (1978) investigated the interaction of type of therapist disclosure and physical attractiveness of the therapist in an analogue study. Subjects exposed

to an audio-taped simulated interview with a non-disclosing therapist rated the therapist as more expert, socially attractive, and trustworthy if the therapist were physically attractive or physically unidentified than if the therapist was physically unattractive. Physical attractiveness of the therapist did not influence ratings under conditions of demographic or personal therapist disclosure. Both types of disclosure increased ratings of regard and genuineness for unattractive therapists. The authors conclude that both demographic and personal disclosure enhanced the attractiveness of physically unattractive therapists. Anonymous therapists were seen as more congruent when disclosing, regardless of the type of disclosure. Attractive therapists were seen as more genuine when personally disclosing than when giving demographic disclosure. Personally disclosing therapists strengthened the subjects' confidence in favorable therapy outcomes. The results of this study suggest that both demographic and personal therapist disclosure increase favorable ratings of attraction to the therapist.

In summary, the studies which have investigated the effects of demographic and personal disclosure have found that the effect of these types of disclosure depends upon other therapist characteristics, including professional status, warmth, and physical attractiveness.

Another dimension of therapist self-disclosure which has been investigated is positive versus negative self-disclosure. Hoffman-Graff (1977) did a study with students who expressed interest in reducing procrastination and improving study habits. After estimating their current level of procrastination, they were interviewed by a therapist who

self-disclosed in a positive or negative manner about personal study habits. Subjects interviewed by a positively disclosing therapist perceived that they procrastinated more after the interview than before, but subjects who were interviewed by a negatively disclosing therapist perceived that they procrastinated less after the interview. Subjects rated the negatively disclosing therapist as higher on empathy, regard, warmth, and credibility than the positively disclosing therapist. The author concludes that disclosure of personal weaknesses increased rather than decreased the therapist's credibility as a source of help. Hoffman and Spencer (1977) replicated the Hoffman-Graff (1977) study and, in addition, looked at changes in actual study behavior of subjects. As in the first study, subjects interviewed by a positively disclosing interviewer perceived that they procrastinated more after the interview than before, and the opposite was true for subjects interviewed by a negatively disclosing interviewer. Subjects in the negative-disclosure condition expected to study less after the interview than before but did not change actual study behavior. Subjects in the positive-disclosure condition studied more hours after the interview than before. There were no effects due to subject or interviewer sex for these two measures. As in the first study, negatively disclosing interviewers were rated more favorably, with higher ratings of unconditionality of regard and credibility. There were, however, sex differences in ratings. Female subjects rated negatively disclosing therapists as higher on regard and as more attractive than positively disclosing therapists. Male subjects rated positively disclosing therapists as more attractive than negatively disclosing therapists. There were no effects due to interviewer sex. In

general, the results of these two studies indicate that when therapists reveal positive information about themselves, subjects perceive that they engage in more inappropriate behavior after the interview than before. However, they actually engage in more appropriate behavior after the interview. Subjects interviewed by a therapist who admits to personal weakness perceive that they engage in less inappropriate behavior after the interview, but do not change their actual behavior. The positively disclosing therapist may make subjects more demanding of themselves and more critical of their own behavior, thus resulting in subjects perceiving an increase in inappropriate behavior but increasing actual appropriate behavior. Both studies find that, in general, a negatively disclosing therapist is rated more favorably than a positively disclosing therapist, but males see the positively disclosing therapist as more attractive than the negatively disclosing therapist.

In a therapy analogue study using simulated taped interviews, McCarthy and Betz (1978) compared therapist self-disclosing responses, defined as statements about attitudes and personal experiences, and self-involving responses, defined as statements about the therapist's reactions to statements or behaviors of the client. The self-involving therapist was rated as more expert, trustworthy, and attractive than the self-disclosing therapist. Client responses to the therapist's self-disclosing comments contained more references to the therapist, while responses to the therapist's self-involving responses contained more client references and more references to the present. The authors conclude that therapist self-involving statements are more likely to encourage client self-exploration.

Amount of therapist self-disclosure. Murphey and Strong (1972) studied frequency of therapist self-disclosure in interviews between college students and therapists who were presented to subjects as experienced psychologists. They found that self-disclosing interviewers were seen as more warm and friendly, and students enjoyed talking to them more than non-disclosing therapists. Four self-disclosures, as opposed to zero, two, or eight disclosures, were perceived as unnatural by the subjects, as if the interviewer were trying out a new theory. Giannandrea and Murphey (1973) found that a moderate number of therapist disclosures (4) resulted in a greater number of subjects returning for a second interview than few (0 or 2) or many (8 or 12) disclosures. There were no significant differences among frequencies of self-disclosure on subjects' responses to a therapist questionnaire. Mann and Murphey (1975) found that 4 therapist disclosures elicited more subject self-disclosure than 0 or 12 therapist disclosures. The same pattern of results was found for the questionnaire ratings of therapist level of regard, empathetic understanding, and congruence. Bradford (1975) found that low and moderately self-disclosing therapists were viewed similarly, and both elicited more favorable responses than high-disclosing therapists. High-disclosing therapists were seen as less warm, competent, and concerned, and less similar to clients' expectations than low- or moderately-disclosing therapists. Subjects were less willing to see the high-disclosing therapist.

The results of the studies investigating the effect of frequency of therapist self-disclosure suggest that a moderate number of disclosures

is most effective in eliciting subject self-disclosure and in eliciting favorable ratings of the therapist. A high-disclosing therapist is generally rated least favorably by subjects, and a moderately-disclosing therapist is rated most favorably when comparing low, moderate, and high levels of therapist disclosure.

Professional status of the therapist. As described earlier, Simonson and Bahr (1974) found that paraprofessional therapists elicited more client self-disclosure and more favorable attitudes toward the therapist when they disclosed personal information than when they disclosed demographic information, while the opposite was true for professional therapists. The authors interpreted this result as evidence that subjects do not approve of personal self-disclosure by professional therapists. McAllister and Kiesler (1975) found a colleague of the interviewer to be more effective as a model for self-disclosure than the interviewer. This result is similar to the results obtained by Simonson and Bahr (1974). The authors attribute the result to the loss of status of an interviewer who discloses. Subjects disclose more to an interviewer when a stranger models self-disclosure than when the interviewer models self-disclosure because the interviewer loses status when negative information is revealed. Merluzzi, Banikiotes, and Missbach (1978) varied therapist levels of expertise and self-disclosure and therapist sex. Low-disclosing counselors were perceived as more expert than high-disclosing counselors. For female counselors, low-disclosing counselors were rated as more trustworthy than high-disclosing counselors. Both expert and non-expert, high-disclosing counselors were

nevertheless rated as more attractive than expert, low-disclosing counselors. High-disclosing counselors were also endorsed more highly as a referral source. This study suggests that, while high-disclosing therapists lose status with regard to expertise and trustworthiness, they gain status with regard to attractiveness and endorsement as a referral source.

Client and therapist sex. As discussed above, Merluzzi et al. (1978) found that therapist sex interacted with the effect of therapist self-disclosure. The sex of both therapist and client have been shown to interact with the effect of therapist self-disclosure. Arlett, Best, and Little (1976) compared interviewer disclosure, interviewer reinforcement of subjects' disclosure, and instructions in producing self-disclosure on personality questionnaires. There was no difference among the experimental conditions for females. For males, the greatest self-disclosure was obtained in the reinforcement condition; however, the experimenter self-disclosure condition produced the most favorable perceptions of the experimenter. Feigenbaum (1977) found that both therapist self-disclosure and the use of reflecting statements by the therapist produced increases in the intimacy of subjects' self-disclosure as compared to a base period. Male subjects, however, were more self-disclosing with a disclosing interviewer, and female subjects were more disclosing with a reflecting interviewer. In this study, the interviewer was male. Buchman (1977) found that, in general, intimacy of subject disclosure increased as intimacy of interviewer disclosure increased. Female subjects with an interviewer of either sex and male subjects with a female

interviewer made the most intimate disclosures when the intimacy of interviewer disclosure was at a medium or high level. Male subjects with a male interviewer made the most intimate disclosure when interviewer intimacy was at a high level. Subjects' responses to a questionnaire indicated that they saw interviewer disclosure as more appropriate in same-sex pairings than in opposite-sex pairings. Casciani (1978) found that the length and depth of self-disclosure of students observing tapes of a model disclosing on a topic were unrelated to the length of the model's disclosure. Male subjects disclosed at greater length and depth after observing male models, and female subjects disclosed more after observing female models. The race of the model had no effect on the subjects' disclosure and ratings of the model. Vann (1975) found that the sex of the interviewer had no effect on subjects' self-disclosure. Eisman (1975) found that self-disclosure among group members was not correlated with leader sex or subjects' sex.

The studies cited above indicate that further research is needed to clarify the interaction of subjects' sex, interviewer sex, and other variables in self-disclosure research.

Similarity of disclosure level of client and therapist. Gelman and McGinley (1978) investigated the effect of disclosure by a stranger on a tape on subjects who rated themselves as either high or low disclosers on the JSDQ. High disclosers were more attracted to the stranger than low disclosers. The authors conclude that similarity of disclosure level is an important determinant of interpersonal attraction and suggest that this finding has important implications for disclosure in a

therapy situation. If a low-disclosing client is exposed to high therapist self-disclosure, it is likely that the client will have negative feelings toward the therapist.

Client need for approval. Lindenberger (1977) studied the effect of subjects' need for approval on self-disclosure. Interviewer disclosure increased the duration of subject disclosure in this study. When the interviewer did not disclose, low-need-for-approval subjects revealed more intimate information than high-need-for-approval subjects. More research is needed to determine the effects of other personality variables on self-disclosure in psychotherapy and interviews.

Therapeutic situation. Dies and Cohen (1976) studied the impact of the therapeutic situation on self-disclosure variables. They found that therapist self-disclosure was tolerated more in encounter groups than in therapy groups, and more in later sessions than in earlier sessions. For both types of groups, therapist disclosure about attitudes, emotional experiences and personal strivings was seen as helpful, disclosure about negative feelings toward group members or boredom with the group was seen as harmful.

Client Self-Disclosure in Interviews and Therapy as an Independent Variable

Although most studies have investigated subject or client self-disclosure during interviews as a dependent variable, several studies have assessed the effect of subject self-disclosure as an independent variable. Kowitt and Garske (1978) found that high-disclosing subjects preferred client-centered therapy, while low-disclosing subjects preferred

desensitization. This study suggests that client self-disclosure levels can influence response to different types of therapy. Kirshner, Dies, and Brown (1978) found that taped instructions producing higher levels of intimacy of self-disclosure among group members produced greater group cohesiveness. Jones (1977) found that clients tend to influence the affective verbalization level of therapists more than therapists influence the verbalizations of clients.

Theories of Reciprocity of Self-Disclosure in Interviews and Psychotherapy

Most theoretical considerations of reciprocity of self-disclosure in interviews and psychotherapy have focused on separating the social exchange between therapist and client, or between interviewer and interviewee, from the modeling effect of the therapist's or interviewer's self-disclosure. Sykes (1976) compared interviewer passive listening, modeled disclosure (before subjects' disclosure), and responsive disclosure (after subjects' disclosure). Results of the study were that both types of interviewer disclosure produced higher subject disclosure than passive listening. There was no difference in the effect of modeled and responsive disclosure. Davis and Skinner (1974) attempted to separate the effects of modeling and social exchange. They found that self-disclosure by the interviewer was more effective than disclosure by a taped model in eliciting interviewee self-disclosure. Although the authors cite this result as support for a social exchange theory, the interviewer versus taped model variable was confounded in this study with live versus taped model. The interviewer may be a more effective model because he is a live model. Thase and Page (1977) conducted a

study to investigate whether modeling alone, without social interaction, can facilitate self-disclosure. Subjects observed a confederate disclosing on various topics. Subjects were then asked to indicate their willingness to disclose on the same topics. Subjects indicated more willingness to disclose when they observed a model who displayed willingness to disclose. Subjects indicated less willingness to disclose when they observed a model who showed low willingness to disclose. This study therefore obtained a modeling effect for self-disclosure without social exchange. McAllister and Kiesler (1975) found that, using taped models, the interviewer was less effective as a model than a colleague of the interviewer in eliciting self-disclosure in an interview. These results are contradictory to the social exchange hypothesis of reciprocity.

Marlatt (1971) hypothesized that individuals facing an interview are confronted with an ambiguous task and look for cues for their behavior. If subjects are given information about the task, they should be less likely to imitate a model. In this study, subjects either listened to a taped, high-disclosing model or had no model, and were exposed to either high- or low-ambiguity instructions. The subjects who were exposed to a model and received highly ambiguous instructions produced the most self-disclosure. There was also a main effect for modeling. Task structure by itself had no effect on self-disclosure. These results support the hypothesis that modeling affects self-disclosure more in ambiguous situations. This study also provides evidence that modeling alone can increase self-disclosure in an interview.

Doster and Brooks (1974) have proposed a theory of reciprocity of self-disclosure in interviews which is based on risk reduction. According

to this model, when an interviewer is personally disclosing, guidelines are established for client self-disclosure. In addition, the therapist who self-discloses demonstrates a willingness to relinquish control in the relationship. Doster and Brooks (1974) investigated the risk-reduction hypothesis, as well as McAllister and Kiesler's (1975) hypothesis that interviewers lose status when they reveal negative information. In this study, the interviewer revealed either positive or negative personal information on tape. In a control condition, the subjects did not hear any interviewer disclosure. The risk-reduction hypothesis predicts more subject self-disclosure following exposure to interviewer disclosure of negative information. This prediction was not supported. Both positive and negative interviewer disclosure elicited greater subject self-disclosure than no interviewer disclosure. This result also contradicts the status-loss hypothesis, which predicts greater self-disclosure with positive interviewer disclosure and less self-disclosure with negative interviewer disclosure. The subjects did not model the content of the interviewer's self-disclosure: both positive and negative interviewer disclosure produced more negative self-disclosure from subjects than the control condition. The authors discuss these results in terms of a disinhibiting effect of interviewer disclosure which allows subjects to talk about topics which are demanded by the situation.

The studies reviewed above provide support for both modeling and social exchange as determinants of reciprocity of self-disclosure in interviews and psychotherapy. There are conflicting results regarding the effect of interviewer self-disclosure. Further research is needed to

identify conditions under which interviewer or therapist self-disclosure facilitates self-disclosure by interviewees, and conditions under which it inhibits self-disclosure.

Statement of the Problem

The present study was designed to investigate the effect of therapist self-disclosure in a natural clinical setting. Other studies which have been conducted in clinical settings (Halpern, 1977; Truax & Carkhuff, 1965) have used correlational data; the experimental studies investigating therapist self-disclosure having employed therapy analogue settings and student volunteers. The primary purpose of the present study was to investigate the hypothesis that therapist self-disclosure increases client self-disclosure and increases client attraction to the therapist. Therapist disclosure of a problem similar to the client's problem was chosen because this type of therapist disclosure is often used by therapists, and there has been debate about its value. The frequency and timing of therapist disclosure were chosen to fit naturally within a standard clinical interview. This study was designed to assess the effect of therapist disclosure which occurs in reaction to the client's initial presentation of his presenting problem. In addition, the study investigated theoretical variables related to self-disclosure in psychotherapy. Truax and Carkhuff (1965) stated that therapist self-disclosure provides cues, reduces ambiguity, and lessens clients' anxieties and fears in the therapy interviews. Chaikin and Derlega (1975) suggested that therapist self-disclosure is effective in encouraging client self-disclosure because it conveys the therapist's empathy to the client. Halpern's (1977)

data indicated that self-disclosure has an effect independent of empathy. The present study attempted to separate the effects of therapist self-disclosure and therapist empathy, investigating their independent effects and their interaction. Chaikin and Derlega (1975) hypothesized that, in addition to conveying empathy, therapist self-disclosure encourages clients' self-disclosure by informing clients that their problems are not unique. The present study investigated this variable by separating the effects of therapist self-disclosure from the effects of information given by the therapist about the frequency of the client's problem among other individuals. The study analyzed changes in client self-disclosure across six 5-minute interview topics. Interview topics were studied as an independent variable in order to determine whether the effects of therapist disclosure and empathy affected client self-disclosure differentially for different topics or time periods of the interview. Both client self-references and statements about the client's family were included in the analysis to assess whether disclosure and empathy have differential effects on clients' statements about themselves and statements about significant others. Family references, which are clinically relevant in therapy interviews, have not been investigated in other studies of self-disclosure.

The present study led to a $2 \times 3 \times 6 \times 2$ analysis of covariance with two between-subjects variables (empathy versus no empathy; norm disclosure versus self-disclosure versus no disclosure) and two variables with repeated measures (interview topics; client self-referent versus family referent), with client self-references and family references during a

baseline period as the covariates. Subjects were randomly assigned to one of six experimental groups. Each subject was interviewed by a therapist. Following an initial period (baseline) during which the client was allowed to explain the presenting problem, the therapist responded according to the procedures for the experimental group to which the client was assigned. In Group 1, the therapist responded by stating that the client's problem is shared by many people (norm disclosure) and made empathy statements. In Group 2, the therapist gave norm disclosure but made no empathy statements. In Group 3, the therapist described a personal problem similar to the client's problem (self-disclosure) and made empathy statements. In Group 4 the therapist gave self-disclosure but made no empathy statements. In Group 5, the therapist responded with empathy statements but no disclosure. In Group 6, the therapist made no disclosure or empathy statements. After allowing the client to respond to the therapist's statements, the therapist made another statement appropriate to the experimental condition to which the client had been assigned.

In accordance with modeling and social exchange theories of reciprocity of self-disclosure, it was predicted that therapist self-disclosure would produce more client self-disclosure (measured by the number of self and family references and speech duration) and more attraction to the therapist (measured by questionnaire responses) than norm disclosure or no therapist disclosure. Based on Chaikin and Derlega's (1975) hypotheses, it was predicted that therapist norm disclosure would produce more client self-disclosure than no therapist disclosure, and that therapist empathy would elicit more client self-disclosure and stronger attraction

to the therapist than no therapist empathy. Norm disclosure was not expected to have an effect on the clients' attraction to the therapist. No predictions were made concerning the interaction of the type of therapist disclosure and therapist empathy. No predictions were made concerning the interaction of the referent of client disclosure (self versus family) with other variables. No predictions were made concerning the interaction of interview topics with other variables.

CHAPTER II

METHOD

Subjects

Subjects were clients of a county mental health center, age 18 or older, who came voluntarily to the center for their initial interview. Clients who had been assessed as mentally retarded, according to records from other agencies, were excluded from the study. In addition, clients who were severely disturbed or upset, and were judged by the therapist to be in need of immediate intervention or who appeared to be under the influence of alcohol or drugs were excluded. Fifty-four subjects, 42 females and 12 males, were assigned to six experimental groups using four random order lists: one for men and one for women for each of the two experimenters. Although variables such as age, race, education, socioeconomic status, and presenting problem were not included in the analysis, information about these variables is available in the center records.

Materials

Interviews were recorded with a cassette tape recorder. Therapists used a watch with a second hand to time portions of the interview. A stopwatch was used to time clients' speech duration from tapes of the interview.

Experimenters

There was one male and one female experimenter (the author). Both experimenters were psychology graduate students who were employed by the mental health center. Intake interviews were scheduled for both therapists by the receptionist. Therapists assigned male and female clients to experimental groups, according to the random order lists described above. Due to the nature of the schedules and job duties of the experimenters, more intake interviews were scheduled for the female experimenter. Therefore, the female experimenter interviewed 36 clients (4 males and 32 females), and the male experimenter interviewed 18 clients (8 males and 10 females).

Procedure

When the client arrived, the interviewer made introductory remarks and asked the client to sign a form (see Appendix A) giving consent to participate in research and allow tape recording of the interview. Several clients refused to give consent and were not tape recorded or included in the study. After the client signed the form, the interviewer started the tape recorder, which was visible to the client, and said, "Why don't you begin by telling me why you came today." The therapist allowed the client to respond for 10 minutes. During this time the therapist asked clarifying questions and prompted the client to continue, but avoided lengthy comments or questions. After 10 minutes, the therapist, at the first opportunity, made statements according to one of six experimental conditions. After allowing the client to respond, the therapist made another statement appropriate to the experimental condition.

Statements appropriate to the six experimental groups are given below. Empathy statements included a statement by the therapist that the therapist understood how the client was feeling and a statement of what the therapist perceived the client's experience to be, based on what the client had said. Norm disclosure statements included statements by the therapist that many people experience the problem described by the client. Self-disclosure statements included statements by the therapist that he or she had experienced problems similar to the client's problem and descriptions of the therapist's experience. The examples of statements which are similar to those used for each group are based on the hypothetical case of a client who told the therapist about problems in finding employment after making several job applications.

Norm Disclosure/Empathy. An example of the therapist's first response is "I think I can understand what that must be like for you. It sounds like you're feeling very discouraged about not being able to find a job. This is a problem which many people have experienced. Many people have been unable to find a job, even when they've tried hard." An example of the therapist's second response is, "You must be tired of trying. Many people feel that way."

Norm Disclosure/No Empathy. An example of the therapist's first response is, "The problem you've described is something many people experience. Many people have been unable to find a job even when they have tried very hard." An example of the therapist's second response is, "Many people have had difficulty with that."

Self-Disclosure/Empathy. An example of the therapist's first response is, "I think I can understand how you feel because I've had a

similar experience. I tried for months to get a job and was turned down everywhere I applied. I know that you must feel very discouraged." An example of the therapist's second response is, "You must be tired of trying. I know that I was."

Self-Disclosure/No Empathy. An example of the therapist's first response is, "I had an experience which was similar. I tried for months to get a job and was turned down everywhere I applied." An example of the therapist's second response is, "That's the same thing that happened to me."

No Disclosure/Empathy. An example of the therapist's first response is, "I think I can understand what that must be like for you. It sounds like you're feeling very discouraged about not being able to find a job." An example of the therapist's second response is, "You must be tired of trying."

No Disclosure/No Empathy. In this condition, the therapist made no disclosure or empathy comments, but proceeded with the interview.

Following the therapist's second response, the interview continued for 30 minutes. Clients' questions about the interviewer's disclosure were answered as briefly as possible. During the remainder of the interview, the therapist introduced six topics. As those topics were discussed, the therapist asked clarifying questions and made brief comments but avoided lengthy statements. The therapist made no empathy or disclosure statements and gave no advice or opinions concerning the client's problems in the last 30 minutes of the interview. When a client asked for advice, the therapist said that the purpose of the interview was to

learn more about the client's problems, and that therapy would not begin until the next interview. The following topics, listed below, were discussed. Topics were introduced in the same order for all clients. Discussion of each topic was limited to a maximum of 5 minutes, to insure that each client had the opportunity to discuss all six topics. If the client appeared to be finished with a topic in less than 5 minutes, the therapist asked if there was anything else the client wanted to say about that topic. If the client had nothing further to say, the therapist allowed 15 seconds of silence, then proceeded to the next topic.

Further discussion of the problem. The therapist introduced this topic with, "Is there anything else you'd like to tell me about . . ."

Background of the problem. The therapist said, "I'd like to learn how this problem first developed. Can you tell me when this problem began and how it first began?"

Current social situation. The therapist said, "Tell me about the people who are most important in your life now."

Social life. The therapist said, "What do you do for enjoyment? Tell me about the things you like to do, places you like to go, people you like to be with."

Social and family history. The therapist said, "Sometimes our life and the problems we have are affected by the experiences we have as children. Can you tell me what it was like for you growing up?"

Goals of therapy. The therapist said, "What changes would you like to accomplish during therapy? What would you like to work on during your visits here?"

The therapist was not restricted to the exact words described above, but made statements which conveyed the same idea and which fitted naturally into the interview.

After the interview was completed, the therapist told the client that another worker would administer a questionnaire about the client's reactions to the therapist and the interview. The client was told that the questionnaire helps therapists at the center improve their skills. Clients were assured that the questionnaire would not be used to evaluate individual therapists. The Interview Rating Scale (see Appendix B) is a modified form of one developed by Jourard (1969).

After the client completed the questionnaire, the next appointment was discussed. The study was conducted at two branches of the mental health center in order to obtain enough subjects for the study. If the interview was conducted at the office in which the therapist worked, the client was given an appointment with the same therapist. If the interview was not conducted at the office in which the therapist worked, the client was told that another therapist would call to arrange an appointment. Following completion of this research, a letter was sent to clients to explain the purpose of the study. A copy of this letter is located in Appendix C.

Dependent Measures

Self and family references. The frequency of self-references and the frequency of family references made by the client were counted as two separate categories by two independent raters, who were blind to the hypotheses of the study, from transcripts of interviews. The transcripts

were blocked into segments which corresponded to the 10-minute baseline period and the six topics. Therapist statements were omitted from the transcripts. Raters were trained with practice transcripts until reliability (the number of agreements divided by the number of agreements plus disagreements) reached .90. During training, ratings were compared for each statement. The instructions for the raters are included in Appendix D. The criteria were taken from Goldstein (1971), and additional instructions were added to include family references and to make the instructions more specific. Reliability of ratings was obtained for one third of the transcripts. Raters were not told which transcripts would be used for reliability.

Speech duration. The total duration of the clients' speech during the baseline period and during each topic was timed with a stopwatch from tapes of the interviews. Pauses of more than 1 second were excluded.

Return rate. The number of clients in each experimental group who returned for their next scheduled interview was recorded. It was also noted whether each client's next appointment was scheduled with the same or with a different therapist.

Interview Rating Scale. Clients' responses to the Interview Rating Scale were scored on a 7-point scale, with a high score indicating a positive rating.

Ratings of Therapist Statements

The transcripts of therapist statements, from which clients' statements were omitted, were rated by an independent rater, who was blind to the hypotheses of the study. Instructions for these ratings are located

in Appendix E. The transcripts were rated for therapist disclosure and empathy statements and for statements of advice and interpretation to insure that the experimental manipulation was carried out and that the therapist remained neutral during the last 30 minutes of the interview. That rater was not told which statements constituted the experimental manipulation and which statements were intended to be neutral.

CHAPTER III

RESULTS

Experimental Design

Two categories of client statements were counted by the raters, and the categories (self versus family references) were treated as an independent variable. The number of client self and family references was analyzed in a $2 \times 3 \times 6 \times 2$ analysis of covariance with two between-subjects factors (empathy versus no empathy; norm disclosure versus self-disclosure versus no disclosure) and two factors with repeated measures (interview topics; self versus family referent) with client self and family disclosure during baseline as covariates. Frequencies of client self-references and family references for each topic were adjusted for the baseline frequencies of client self and family references, respectively.

Client speech duration was analyzed with a $2 \times 3 \times 6$ analysis of covariance with two between-subjects factors (empathy versus no empathy; norm disclosure versus self-disclosure versus no disclosure) and one factor with repeated measures (interview topics) with client baseline speech duration as the covariate.

Client return rate was treated by chi-square analysis. Two separate analyses were done, for all subjects and for subjects whose next scheduled appointment was with the same therapist.

The Interview Rating Scale responses were subjected to factor analysis. Factor scores were then analyzed with a 2x3 multivariate analysis of variance with two between-subjects factors (empathy versus no empathy; norm disclosure versus self-disclosure versus no disclosure).

Tables are located in Appendix F. Group means are presented in Tables 1-2 and 4-11. The results of the factor analysis are presented in Table 3. Results of analyses of covariance and multivariate analysis of variance are presented in Tables 12-22.

Figures are located in Appendix G. Significant interactions among variables for self and family references are shown in Figures 1-5. Significant effects for speech duration are represented in Figure 6.

Ratings of Therapist Statements

The rater found that both therapists made empathy and disclosure statements appropriate to the experimental condition for all transcripts. No empathy or disclosure statements were found by the rater for the no-disclosure/no-empathy condition. On one transcript, one therapist statement which occurred during the experimental manipulation was rated as an interpretation. This was the only inappropriate statement found in the experimental manipulation portion of the interview in any of the transcripts. In general, ratings of empathy and disclosure were confined to the experimental manipulation. One empathy statement occurred on one transcript during the last 30 minutes of the interview. No other empathy, disclosure, advice, or interpretation statements were rated during the last 30 minutes of the interview.

A one-way analysis of variance was performed on the total number of statements made by the therapist during the interview. This analysis revealed no significant differences among the six experimental groups (\bar{M} = 81.56, 89.11, 87.44, 59.22, 69.22, 71.67).

Number of Self and Family References

The number of agreements and disagreements between raters was calculated for each interview topic and baseline. The number of agreements was defined as the lower of the two frequencies which were reported by the raters. The number of disagreements was defined as the difference between the frequencies which were reported by raters. Reliability was calculated by dividing the number of agreements by the number of agreements plus disagreements. The mean reliability between raters was .94 for self-references and .89 for family references.

A one-way analysis of variance on the baseline data for self and family references revealed no significant differences among experimental groups for self or family references. The mean number of baseline self-references for clients in the norm-disclosure/empathy; norm-disclosure/no-empathy; self-disclosure/empathy; self-disclosure/no-empathy; no-disclosure/empathy; and no-disclosure/no-empathy conditions were 87.22, 81.22, 80.56, 100.11, 82.22, and 87.31, respectively. The mean number of baseline family references for these six groups was 12.67, 8.11, 7.44, 21.77, 10.00, and 12.22, respectively.

The means reported below with the results of the analyses of covariance for self and family references are adjusted for the covariates.

It was predicted that therapist self-disclosure would produce more client self and family references than norm disclosure or no disclosure, and that norm disclosure would produce more self and family references than no disclosure. This prediction was not confirmed. A four-way analysis of covariance (Empathy X Disclosure X Topic X Referent) showed no significant differences in client self and family references between clients exposed to norm disclosure ($\bar{M} = 21.98$), self-disclosure ($\bar{M} = 23.17$), and no disclosure ($\bar{M} = 23.20$) (Tables 1 and 12). The prediction that clients interviewed by a therapist who made empathy statements would make more self and family references than those interviewed by a therapist who did not give empathy was not confirmed. There were no significant differences in self and family references between clients who received empathy ($\bar{M} = 22.64$) and those who did not receive empathy ($\bar{M} = 22.92$).

There was a significant difference in the number of self and family references across the six interview topics, $F(5, 240) = 6.67, p < .001$. The means for Topic 1 (further discussion of the problem), Topic 2 (background of the problem), Topic 3 (current social situation), Topic 4 (social life), Topic 5 (social and family history), and Topic 6 (goals of therapy) are 23.78, 23.21, 23.42, 21.95, 25.09, and 19.22, respectively. Clients made significantly more self-references ($\bar{M} = 26.45$) than family references ($\bar{M} = 19.11$), $F(1, 47) = 10.54, p < .002$, and there was a significant topic x referent interaction, $F(5, 240) = 7.65, p < .001$. Differences among topics were therefore analyzed separately for self and family references (Figure 1). A Tukey A post hoc analysis of the interaction revealed that there were more client self-references during further

discussion of the problem ($\bar{M} = 30.00$) than during discussion of the background of the problem, current social situation, social life, social and family history, and goals of therapy ($\bar{M} = 27.40, 24.01, 27.25, 26.04, 24.00$). There were more self-references during background of the problem and social life than during current social situation and goals of therapy. There were more client family references during discussion of social and family history and current social situation ($\bar{M} = 24.14, 22.83$) than during further discussion of the problem, background of the problem, social life, and goals of therapy ($\bar{M} = 17.57, 19.01, 16.64, 14.40$). There was significantly more family disclosure during discussion of the background of the problem than during discussion of social life and goals of therapy. There were significantly more family references during further discussion of the problem than during discussion of the goals of therapy. Clients made significantly more self-references than family references during all topics except current social situation. There was no significant difference between the number of self and family references for this topic.

There were several interactions which were not significant below the .05 level but were significant below the .10 level of significance. These interactions were analyzed using Tukey A post hoc comparisons. The significant post hoc effects which are reported are significant at or below the .05 level of significance.

There was a significant topic x referent x empathy effect, $F(5, 240) = 2.09, p < .07$. Post hoc analysis revealed that for clients receiving therapist empathy, there were significantly more self-references

during further discussion of the problem (\underline{M} = 31.88) than during discussion of the background of the problem, current social situation, and goals of therapy (\underline{M} = 23.10, 22.25, 23.59) (Figure 2). Clients who did not receive empathy made significantly more self-references while discussing the background of the problem (\underline{M} = 31.70) than while discussing goals of therapy (\underline{M} = 24.40) (Figure 3). For clients receiving empathy, there were significantly more family references during discussion of social and family history (\underline{M} = 24.46) than during discussion of social life and goals of therapy (\underline{M} = 17.43, 13.73) (Figure 2). There were significantly more family references during discussion of the background of the problem and current social situation (\underline{M} = 21.24, 23.54) than during discussion of the goals of therapy (\underline{M} = 13.73). For clients in the no-empathy condition, there were more family references while discussing social and family history (\underline{M} = 23.81) than during further discussion of the problem, background of the problem, social life, and goals of therapy (\underline{M} = 15.63, 16.78, 15.85, 15.18) (Figure 3). There were significantly more family references during discussion of current social situation (\underline{M} = 22.11) than during discussion of the goals of therapy (\underline{M} = 15.18).

For clients exposed to therapist empathy, there was significantly more self than family disclosure during further discussion of the problem (\underline{M} = 31.88, 19.50), during discussion of social life (\underline{M} = 26.25, 17.43), and during discussion of the goals of therapy (\underline{M} = 23.59, 13.73) (Figure 2). For clients who were not exposed to therapist empathy, there was significantly more self than family disclosure during further discussion of the problem (\underline{M} = 28.11, 15.63), background of the problem (\underline{M} = 31.70, 16.78),

social life (\underline{M} = 28.25, 15.85), and goals of therapy (\underline{M} = 24.40, 15.18) (Figure 3).

During discussion of the background of the problem, there were significantly more self-references for clients in the no-empathy condition (\underline{M} = 31.70) than for clients in the empathy condition (\underline{M} = 23.10) (Figure 4). There were no significant differences in the number of family references between clients in the empathy and no-empathy conditions during any of the interview topics (Figure 5).

There was a significant referent x empathy interaction, $F(1, 47) = 3.20$, $p < .08$, and a significant referent x disclosure x empathy effect, $F(2, 47) = 2.77$, $p < .07$. Tukey A post hoc analysis of the three-way interaction revealed that clients exposed to therapist self-disclosure and no empathy made significantly more self-references (\underline{M} = 30.82) than family references (\underline{M} = 16.93). There were no other significant effects.

Speech Duration

A one-way analysis of variance on the baseline data for speech duration revealed significant differences among the six experimental groups $F(5, 48) = 2.58$, $p < .05$. Tukey A post hoc analysis revealed that clients in the self-disclosure/no-empathy condition talked longer during baseline (\underline{M} = 505.11) than clients in the self-disclosure/empathy and norm-disclosure/no-empathy conditions (\underline{M} = 351.00, 345.22). There were no other significant differences among groups.

Means which are reported below with the results of the analyses of covariance for speech duration are adjusted for the covariate.

It was predicted that therapist self-disclosure would produce longer duration of clients' speech than norm disclosure or no disclosure, and that norm disclosure would produce longer speech duration than no disclosure. This prediction was not confirmed. A three-way analysis of covariance (Empathy X Disclosure X Topic) showed no significant differences in speech duration for clients receiving norm disclosure (\bar{M} = 176.22), self-disclosure (\bar{M} = 191.93), and no disclosure (\bar{M} = 183.08) (Tables 2 and 13). It was predicted that therapist empathy would produce longer speech duration than no therapist empathy. This prediction was not confirmed. There was no significant difference in speech duration for clients interviewed with a therapist who made empathy statements (\bar{M} = 181.29) and those who were interviewed with no therapist empathy (\bar{M} = 186.20).

There was a significant difference in speech duration across the six interview topics (\bar{M} = 193.43, 187.87, 183.18, 173.44, 195.82, 168.72), $F(5, 240) = 4.29$, $p < .001$. Tukey A post hoc analysis revealed that there was significantly longer speech duration during discussion of social and family history (\bar{M} = 195.82) than during discussion of social life and goals of therapy (\bar{M} = 173.44, 168.72) (Figure 6).

There were no significant interactions among variables.

Client Return Rate

Chi-square analyses revealed no significant effects for empathy or disclosure on the number of clients who returned for their next scheduled appointment. A separate chi-square analysis for clients whose next scheduled interview was with the same therapist who conducted the initial interview also revealed no significant effects for empathy or disclosure;

however, significantly more clients whose next scheduled appointment was with the same therapist kept the appointment than clients whose next appointment was scheduled with a different therapist, $\chi^2 (1) = 6.92$, $p < .01$.

Interview Rating Scale

Factor analysis was performed on responses to the Interview Rating Scale, and eight factors were rotated using the Varimax rotation method (Table 3). The factor composition for each factor is reported below. Items which have factor loadings of .50 or greater are included in the factor composition.

Factor 1 consists of four items: questions 17 (Feel that the therapist is good at his/her work), 15 (Feel that the therapist is healthy and well-adjusted), 19 (Would like to see the therapist as my regular therapist), and 14 (Felt that the therapist helped me today). These questions have factor loadings of .88, .80, .72, and .56, respectively. Three items contribute significantly to Factor 2. The factor loadings for questions 9 (Felt that the therapist could be trusted), 1 (Felt at ease), and 22 (Feel that I know what to expect in later sessions) are .68, .53, and .51, respectively. Factor 3 is formed primarily by two items. Questions 3 (Talked freely and fully) and 2 (Felt that I made myself known to the therapist) load .84 and .79 on Factor 3. Factor 4 consists of questions 21 (Knew what to expect during the interview) and 22 (Feel that I know what to expect in later sessions), which have factor loadings of .81 and .65. Questions 6 (Felt that therapist was good at drawing me out), 7 (Felt that the therapist was a good listener),

and 4 (Liked the therapist) contribute to the factor composition of Factor 5. The factor loadings for these questions are .71, .61, and .61, respectively. Factor 6 consists of questions 8 (Felt that the therapist made himself or herself known to me) and 16 (Felt that the therapist liked me), which have factor loadings of .76 and .67. Factor 7 was formed primarily by question 11 (Felt that the therapist was judging me), which loaded .89 on the factor. Questions 13 (Feel that the therapist can help me with my problems), 20 (Plan to return to the mental health center), and 5 (Felt that the therapist was interested in me) form Factor 8. These items have factor loadings of .82, .62, and .61, respectively.

Factor scores were analyzed with a two-way multivariate analysis of variance (Empathy X Disclosure), followed by univariate analyses of variance for each of the eight factors. The multivariate F ratios which are reported are approximations based on Pillai's Trace (Olson, 1976). There was a significant multivariate effect for empathy, $F(8, 41) = 2.11$, $p < .06$ (Table 14). There were no significant multivariate effects for disclosure or for disclosure x empathy.

The univariate analysis of variance for Factor 2 showed that clients interviewed by a therapist who did not make empathy statements had significantly higher factor scores than those interviewed by a therapist who gave empathy ($M = .37, -.37$), $F(1, 48) = 8.43$, $p < .006$ (Tables 5 and 16). There were no significant effects for disclosure or for disclosure x empathy.

The univariate analysis of variance for Factor 5 revealed no significant main effects for therapist empathy or therapist disclosure

(Tables 8 and 19). There was a significant empathy x disclosure interaction, $F(2, 48) = 3.55$, $p < .04$. A Tukey A post hoc analysis of the interaction showed that for clients in the empathy condition, those receiving self-disclosure had significantly higher factor scores ($M = .47$) than those receiving norm disclosure ($M = -.70$).

The univariate analysis of variance for Factor 7 showed that clients receiving no therapist empathy had higher factor scores ($M = .24$) than those receiving therapist empathy ($M = -.24$), $F(1, 48) = 3.11$, $p < .08$ (Tables 10 and 21). There were no significant effects for therapist disclosure or for the empathy x disclosure interaction.

The univariate analyses for Factors 1 (Tables 4 and 15), 3 (Tables 6 and 17), 4 (Tables 7 and 18), 6 (Tables 9 and 20), and 8 (Tables 11 and 22) revealed no significant effects for empathy, disclosure, or empathy x disclosure.

The prediction that clients interviewed by a therapist who displayed empathy would give more positive ratings on the Interview Rating Scale was contradicted by these results. The prediction that clients interviewed by a therapist who self-disclosed would give more positive ratings than those interviewed by a therapist who gave norm disclosure or no disclosure also was not confirmed.

CHAPTER IV

DISCUSSION

The main goals of the present study were to test the hypothesis that therapist self-disclosure increases client self-disclosure and attraction to the therapist, and to explore the contributions of empathy and norm disclosure to the effect of therapist self-disclosure. The results of the study did not confirm the predicted outcomes. Results with regard to the reciprocity of therapist and client self-disclosure, the effect of therapist empathy on client self-disclosure, and the effects of therapist disclosure and empathy on the clients' attraction to the therapist are reviewed below. Features of the study (diagnostic characteristics of the clients; professional status of the therapists; frequency and timing of therapist disclosure and empathy statements; situational features of the intake interview; the dependent measures used) which may account for the failure to confirm the experimental hypotheses are discussed. An analysis of the eight components which resulted from factor analysis of the Interview Rating Scale is presented, and conclusions regarding the utility of its use in self-disclosure research are discussed.

Reciprocity of Therapist and Client Self-Disclosure

The significant differences among experimental groups for client speech duration during the baseline period are difficult to explain,

because these clients were randomly assigned to groups. These differences did not confound the results, because analysis of covariance was done using the baseline data as the covariate, and group means were adjusted for differences in the baseline data.

The predicted reciprocity of therapist and client self-disclosure was not found. No significant differences were observed among norm disclosure, self-disclosure, and no disclosure for speech duration or for the number of self and family references. Although this result is not consistent with a large body of research on self-disclosure which has found reciprocity, it is consistent with several studies which are relevant to self-disclosure in psychotherapy. Mayo (1968) and Chaikin et al. (1975) reported that, although normal individuals showed reciprocity of self-disclosure, neurotics disclosed at moderate levels, regardless of the other person's level of disclosure. Most clients who participated in the present study were diagnosed as neurotic. The lack of reciprocity found with these clients is consistent with the Mayo and Chaikin et al. findings. Simonson and Bahr (1974) found that professional therapists who gave personal self-disclosure elicited less client self-disclosure than therapists who gave only demographic self-disclosure. The amount of client self-disclosure did not differ between professional therapists who gave personal disclosure and therapists who did not disclose. The present study obtained similar results with therapists who were presented as professionals. Further research comparing different types of therapist disclosure in clinical settings is needed.

A possible explanation for the lack of significant differences among norm disclosure, self-disclosure, and no disclosure is that therapist

disclosure occurred only twice in the interview, and did not occur during the last 30 minutes of the interview. This frequency was chosen because most therapists use self-disclosure sparingly, and more frequent therapist self-disclosure would not be representative of typical therapy interviews. Giannandrea and Murphey (1973) and Mann and Murphey (1975) found that four therapist disclosures produced the highest client return rate, highest client self-disclosure, and most favorable therapist ratings. It is difficult, however, to compare the amount of disclosure used in these studies and in the present study, because the present study used longer disclosures. An average total of four statements from each category (norm disclosure, self-disclosure, and empathy) were made by therapists during the experimental manipulation. Thus, although therapists made disclosure and empathy statements only twice during the interview, the total number of disclosure statements made was similar to that used in the two studies described above. Differential effects of different amounts of therapist self-disclosure in clinical settings should be investigated by systematically varying the frequency and duration of therapist disclosure in future studies.

In the present study, most clients talked without much prompting by the therapist, and a large proportion of their statements were about themselves. It appears that situational demands were more influential in determining the clients' levels of self-disclosure than was therapist behavior. During the initial interview, clients have the expectation that they should talk about themselves. In addition, they are often upset and want to talk about their problems. The intake interview is

structured, so that clients know what topics they are expected to discuss. In order to maximize the effects of therapist disclosure, future research should use therapy sessions which are less structured than the intake interview and which occur later in therapy, after clients have had the opportunity to give the initial presentation of their problems and resolve the initial crisis. In addition, therapist self-disclosure may have more influence on the disclosure level of clients who are initially less talkative, such as court-ordered clients or clients who are preselected for low self-disclosure on questionnaire or behavioral measures.

It is possible that the measures of client self-disclosure used in the present study (number of self and family references and speech duration) contributed to the absence of significant effects for therapist disclosure and empathy. Significant effects may have been found if depth or intimacy of self-disclosure had been measured. It is probable, however, that most client self-disclosure in intake interviews concerns personal problems and is of moderate or high intimacy. Therefore, it appears unlikely that different results would be obtained if intimacy of client self-disclosure were analyzed as a dependent measure.

Overall, clients made more self-references than family references. Analysis of the referent x disclosure x empathy interaction revealed that this difference occurred only for clients receiving therapist self-disclosure with no empathy. This finding suggests that therapist self-disclosure without empathy results in a larger proportion of clients' statements which are self-referring.

Due to scheduling constraints, it was not possible to include therapists as a variable in the study; nevertheless, a separate analysis of covariance, using the data from the 36 clients interviewed by the author, was performed. The pattern of results was similar to that of the analyses for all subjects. The analysis for speech duration, however, produced a significant effect for therapist disclosure ($p < .05$), with the longest speech duration occurring in the self-disclosure condition, and the shortest occurring in the therapist norm-disclosure condition.

None of the post hoc comparisons between groups was significant. This difference in the pattern of results for the two therapists suggests that therapist differences have an effect and should be included as independent variables when possible.

Effect of Therapist Empathy on Client Self-Disclosure

The prediction that therapist empathy would produce more client self-disclosure than no therapist empathy was not confirmed. Overall, there were no significant main effects for empathy for speech duration or self and family references, in spite of the fact that analysis of the topic x referent x empathy interaction for self and family references yielded several significant effects. For clients exposed to therapist empathy, there was a significant decline in self-references after the first topic (further discussion of the problem). This decline did not occur in the no-empathy condition. During Topic 1, which immediately followed the experimental manipulation, there was no significant difference in the number of self-references between the empathy and no-empathy conditions. During the second topic (background of the problem) clients

exposed to therapist empathy made significantly fewer self-references than clients not exposed to therapist empathy. This result could be interpreted as a contrast effect for clients who received empathy. It is possible that clients who received empathy during the experimental manipulation perceived a contrast in the lack of therapist empathy during the remainder of the interview. They may have interpreted this as a withdrawal of therapist approval or understanding of their problems and reduced their disclosure about themselves. This contrast effect was not present for clients who did not receive empathy during the initial part of the interview. This effect was not found for therapist disclosure, a result which may be due to the fact that clients do not expect that the therapist will continue to disclose throughout the interview. For family references, the pattern of differences among topics was similar for clients in the empathy and no-empathy conditions. The differences in family references among topics appear to be related to the content, rather than the sequence of topics. More references to family occurred in Topics 5 (social and family history) and 3 (current social situation). During these topics, the clients are specifically asked to discuss people who were important in their lives currently and in the past. Topic 6 (goals of therapy) produced the lowest speech duration and self and family references. This topic seemed to be the most difficult for clients to discuss.

In general, the patterns of results were different for self-references, family references, and speech duration. Most of the significant results were found for self-references. These results suggest

that number of self-references is a more useful measure than number of family references or speech duration.

Client Return Rate

There were no significant effects for empathy or disclosure in the number of clients who returned for their next scheduled appointment. In addition, a separate analysis for clients who were scheduled to see the same therapist showed no significant effects. However, significantly more clients who were scheduled with the same therapist kept their next appointment than clients scheduled with different therapists. This effect was confounded with the delay in scheduling the second appointment. Clients who were scheduled with the same therapist were given their next appointment immediately following the intake interview. Clients who were to be scheduled with a different therapist were contacted by the therapist several days later. Despite this confound, the finding is significant because, in clinics which use a central intake worker, clients are scheduled with a different therapist and are contacted for their second interview several days after the intake interview. The high rate of attrition found in this study using that procedure suggests that alternative procedures should be used. Further research is needed to separate the effect of changing therapists from the effect of delay in scheduling the next appointment.

Interview Rating Scale

Hypotheses regarding the effects of therapist disclosure and empathy on clients' ratings of the therapist were not confirmed. Social exchange

theory predicts that people are more attracted to individuals who have disclosed to them. McAllister and Kiesler (1975) argue that therapists lose their clients' respect when they engage in self-disclosure. Neither of these hypotheses was supported by the results of the analysis of the Interview Rating Scale responses. The only significant effect of therapist disclosure on ratings of the therapist was the finding that therapist empathy resulted in more favorable ratings of the therapist's interviewing skills when it was combined with self-disclosure than when it was combined with norm disclosure.

Contrary to prediction, therapist empathy elicited less favorable ratings of the therapist than no empathy.

The largest contribution to the multivariate effect for empathy seems to come from the significant effect for empathy on Factor 2. Factor 2 is concerned with the client's trust in the therapist. Questions related to whether the client felt at ease and whether the client knew what to expect in later sessions also loaded on this factor. Clients who received therapist empathy rated the therapist significantly lower on this trust dimension than clients who did not receive therapist empathy. This finding is contrary to prediction. Clients in the empathy condition also had significantly lower scores on Factor 7, which assesses the client's perception of the therapist as non-judgmental, than clients in the no-empathy condition. Thus, clients who were interviewed by a therapist who displayed empathy rated the therapist as less trustworthy and more judgmental than clients interviewed without therapist empathy, as well as feeling less at ease and less sure of what to expect in future

sessions. It is possible that clients perceived the therapist empathy statements as judgmental, inasmuch as the statements included inferences by the therapist about the client's experience. Clients may not have interpreted judgments made by the therapist as criticism. These results can also be related to the contrast effect for empathy which was discussed earlier. If clients perceive a withdrawal of therapist empathy, they may interpret this as evidence that the therapist is judging them and withdrawing approval. In addition, this unexpected change in the therapist's behavior may decrease the client's trust in the therapist and make the client feel uneasy and unsure about what to expect from the therapist in the future. The lack of significant effects of therapist disclosure on ratings of trust in the therapist is contrary to the predictions of social exchange theories of self-disclosure, which hypothesizes an increase in trust with therapist self-disclosure.

Factors 1, 5, and 8 are associated with clients' perceptions of therapist competence. Factor 5 involves the therapist's competence with respect to specific listening and interviewing skills. Questions which loaded on Factor 5 include assessment of whether the therapist was good at drawing the client out, whether the therapist was a good listener, and whether the client liked the therapist. For clients in the empathy condition, those receiving therapist self-disclosure rated the therapist as significantly more competent with regard to these skills than those receiving norm disclosure. Neither of these conditions was significantly different from the no-disclosure condition. This effect was not present for clients in the no-empathy condition, and there was no significant

difference between empathy and no empathy for any of the three disclosure conditions. Thus, therapists who related their understanding and perceptions of the client's experience to their own experiences were judged as better listeners, more skilled at drawing clients out, and more likable than therapists who related them to norms concerning the experiences of others. Factor 1 is composed of items related to the therapist's general competence, health, and adjustment, and the client's willingness to see the therapist in regular therapy sessions. Factor 8 assesses the client's confidence in the outcome of therapy. This factor includes items in which clients rate their confidence that the therapist can help them, their willingness to return to the clinic, and their feeling of whether the therapist was interested in them. There were no significant differences among empathy or disclosure conditions for either of these factors. Thus, of the factors related to clients' ratings of therapist competence and adjustment, only the therapist's listening and interviewing skills were affected by therapist disclosure and empathy.

Factors 3 and 6 assess clients' perceptions of client and therapist self-disclosure, respectively. There were no effects for therapist empathy or disclosure on either of these factors. The lack of effect of therapist disclosure on clients' perceptions of therapist self-disclosure during the interview suggests that clients did not perceive therapists as more self-disclosing when they made self-disclosure statements. This may have contributed to the overall absence of significant effects for therapist disclosure. An item associated with client's assessment of the therapist's attraction to them also loaded on Factor 6. This suggests

that clients associate therapist self-disclosure with the therapist's attraction to the client, and supports theories which hypothesize a positive correlation between self-disclosure and liking. The emergence of independent factors for clients' perceptions of client and therapist self-disclosure is contrary to Halpern's (1977) finding of a significant correlation between clients' perceptions of self-disclosure and clients' perceptions of counselor disclosure.

Factor 4 involves clients' ratings of the ambiguity of the interview, both with respect to the present interview and future sessions. There were no significant differences among experimental groups for this factor. This finding contradicts Truax and Carkhuff's (1965) hypothesis that therapist self-disclosure provides cues that reduce ambiguity in therapy interviews.

Many of the factors which emerged on the Interview Rating Scale (client and therapist self-disclosure, therapist competence and adjustment, trust in the therapist, and ambiguity of the interview situation) have relevance to theories of self-disclosure. This questionnaire, therefore, appears to be a valid instrument for use in self-disclosure research.

Summary

In general, the results of the present study indicate that therapist empathy has more of an effect on client self-disclosure and ratings of the therapist than therapist disclosure. In the present study, empathy had generally negative effects. It is hypothesized that these effects are due to a contrast effect between therapist empathy during the

experimental manipulation and the absence of therapist empathy during the last 30 minutes of the interview. Further research which assesses the effect of therapist empathy statements made throughout the interview should clarify this relationship. In general, therapist disclosure had little effect on clients' self-disclosure and ratings of the therapist. Therapist self-disclosure without empathy produced more client self-references than family references, and therapist self-disclosure combined with empathy elicited more favorable ratings of the therapist's interviewing and listening skills than norm disclosure combined with empathy. Results of the analysis of questionnaire responses suggest that clients did not perceive differences in therapist disclosure among experimental conditions. Future research should systematically vary the amount and type of therapist disclosure to determine whether other amounts, frequencies, or types of disclosure would produce significant effects.

The general absence of significant main effects in the present study suggests that therapist self-disclosure and empathy may influence client self-disclosure under a limited set of circumstances which represent the interaction of client and therapist characteristics, the amount and timing of therapist self-disclosure and empathy, and the situational demands of the interview. Most of the significant effects which were found involved interactions between variables which were significant slightly above the .05 level, and should, therefore, be tested further. Due to the exploratory nature of the present study, it appears permissible to allow the probability of Type I errors to increase and to minimize the probability of Type II errors in order to insure that potentially

useful relationships for further study can be identified. Issues involved in minimizing Type I and II errors are discussed by Skipper, Guenther, and Nass (1967).

None of the prevailing theories of reciprocity of self-disclosure incorporates situation specificity. An interactional model which specifies conditions under which therapist self-disclosure and empathy influence client self-disclosure and attraction to the therapist is needed. Research within a social-learning-theory framework may be useful in identifying conditions under which therapist self-disclosure serves as a model and as a reinforcer for client self-disclosure. More research in clinical settings such as the one used in the present study is needed to assess the effects of therapist self-disclosure on actual clinical populations.

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Appendix A
Client Consent Form

I understand that while I am a client of the Davidson County Mental Health Center, the staff may use several different therapeutic techniques and evaluate the effectiveness of these techniques. I consent to allow my interviews to be tape recorded and used in these evaluations.

Signed _____

Appendix B

Interview Rating Scale

For each of the following items, there are two statements that express ideas at opposite extremes. In each item, you are to show how strongly you feel one way or the other. For example, in item one, the more at ease you felt the farther to the left you would want to check. The more tense and anxious you felt the farther to the right you would check. If you felt neither at ease or tense, you would check the space in the middle. The same rules apply to the other items. Be sure to answer every item.

- | | | |
|---|-----------|--|
| 1. Felt at ease | - - - - - | Felt tense, anxious |
| 2. Felt that I made myself known to the therapist | - - - - - | Did not feel that I made myself known to the therapist |
| 3. Talked freely and fully | - - - - - | Held back a lot, and was careful of what I said |
| 4. Disliked the therapist | - - - - - | Liked the therapist |
| 5. Felt that the therapist was interested in me | - - - - - | Felt the therapist was not very interested in me |
| 6. Felt the therapist was not very good at drawing me out | - - - - - | Felt the therapist was good at drawing me out |
| 7. Did not feel the therapist was a good listener | - - - - - | Felt the therapist was a good listener |
| 8. Felt the therapist made himself (or herself) known to me | - - - - - | Did not feel the therapist made himself (or herself) known to me |
| 9. Felt the therapist could be trusted | - - - - - | Did not feel the therapist could be trusted |
| 10. Would not like to have the therapist as a close friend | - - - - - | Would like to have the therapist as a close friend |
| 11. Did not feel the therapist was judging me | - - - - - | Felt the therapist was judging me |

12.	Did not feel that the therapist understood my problems	- - - - -	Felt that the therapist understood my problems
13.	Feel that the therapist can help me with my problems	- - - - -	Do not feel that the therapist can help me with my problems
14.	Did not feel that the therapist helped me today	- - - - -	Felt that the therapist helped me today
15.	Do not feel that the therapist is healthy and well-adjusted	- - - - -	Feel that the therapist is healthy and well-adjusted
16.	Felt that the therapist liked me	- - - - -	Did not feel that the therapist liked me
17.	Do not feel that the therapist is good at his (her) work	- - - - -	Feel that the therapist is good at his (her) work
18.	Feel that the therapist is a cold person	- - - - -	Feel that the therapist is a warm person
19.	Would not like to see the therapist as my regular therapist	- - - - -	Would like to see the therapist as my regular therapist
20.	Plan to return to the mental health center for therapy	- - - - -	Do not plan to return to the mental health center for therapy
21.	Knew what to expect during the interview	- - - - -	Did not know what to expect during the interview
22.	Feel that I know what to expect in later sessions	- - - - -	Do not feel that I know what to expect in later sessions

Appendix C
Debriefing Letter

Dear _____,

During your first interview at the mental health center, you consented to allow your interview to be tape recorded, and to allow us to use this recording in research we are doing to evaluate the effectiveness of different types of therapy techniques. I would like now to tell you more about this research. We are trying to find out if people tell more about themselves and feel more comfortable with a therapist who tells about his own problems and experiences, a therapist who tells about problems which other people have, or a therapist who doesn't tell about himself or others. In addition, we are trying to determine whether our clients feel more comfortable and tell more about themselves when the therapist lets them know that he (or she) understands how they feel. If you are interested in this research and would like to know more about it, please call me for an appointment so that we may discuss it further. Thank you for your help and cooperation.

Sincerely,

Mary Newell

Appendix D

Instructions for Rating Self and Family References

Criteria for Rating Self-Referring Statements (From Goldstein, 1971)

A statement was defined as a clause with subject and verb, recognizable as either:

1. a simple sentence,
2. a complex sentence,
3. a coordinate clause of a compound sentence, or
4. a clause containing a subject and verb but never completed.

Raters counted self-referring statements according to the following rules:

1. Any statement which contains one or more references to "I," "me," "we," "us," regardless of whether it occurs in a main or subordinate clause, should be treated as one self-referring statement.
2. "My," "mine," "our," "ours" should be counted as self-referring only when they refer to the subject's own mental or physical person, life group, achievement, or performance. Do not count "my," "mine," "our," "ours" if they primarily refer to objects outside the person -- relatives, friends, professionals, etc. Example: Count "my family," "my hobby"; do not count "my father," "my car."
3. Count self-referring questions.
4. Count self-referring statements twice if they are repeated for emphasis.
5. Count self-referring quotations, even if the self-reference has been transformed to "you" or "he" for grammatical reasons.
6. Do not count self-referring statements in poetry recited.
7. Certain expressions have become conversational cliches that automatically express certain ideas. The expressions that follow, and their like, should be counted only when they refer to actual thoughts, opinions, or feelings of the individual subject, as opposed to statements of fact. The expressions that follow should also be counted as self-referring statements if they contain a direct object.

I think
Why, I don't know
I would say
As I understood it
I do believe
I know

I'll tell you
As I say
Know what I mean
Like I say
I don't know of
I don't know

I believe it was	Last I heard
As far as I know	I hear
I mean	As I said before
I suppose	I remember
I guess	I mentioned

8. Do not count as self-referring questions to the interviewer about the task, the experiment, the interviewer, the hospital facilities, etc., and if expressions similar to the following refer to the present situation, do not count them as self-referring:

I can't think of the word	Believe me
What else can I tell you?	My foot's asleep
Should I keep on?	How am I doing?
What else do I do?	I'd like a cigarette
Let me think	I'm lost
That's about all I could say	I have to leave

Additional Criteria for Self-References

1. Do not count statements which may possibly refer to the speaker, but which begin with "you." Example: Do not count "You get tired of working every day."

2. Do not count statements which appear to refer to the speaker, but which do not have a subject. Example: Do not count "Went to work"; "Came home."

3. Do not count false starts. False starts include incomplete sentences which are completed after a parenthetical remark or a pause, and repetitions of the beginning of the sentence. Examples: Do not count the underscored phrases in the following sentences. "I just don't, I just don't have any energy." "I lived there for ... that was my favorite place to live. I lived there for 20 years."

4. In compound sentences, each independent clause counts as a separate statement. Compound sentences are formed when clauses are separated by and, but, or, therefore, however, and similar conjunctions. Example: Count as two self-references "I went to work and I went to school."

5. In complex sentences, dependent clauses do not count as separate self-referring statements. They may, however, define the sentence as self-referring if there is no self-referring independent main clause. Example: "If I wash my car, it will probably rain" counts as one self-referring statement. In this sentence, there is a self-referring statement only in the dependent clause. Example: "If I leave early, I will get there on time" counts as one self-referring statement. There is a self-reference in both the dependent and independent clauses. The dependent clause does not count as a separate statement. Dependent clauses are introduced by if, when, because, that, after, since, like, where, and similar conjunctions.

6. When there are several clauses which pertain to a dependent clause, none of them count as separate statements. Example: "He told me that I was pretty and I was charming" counts as one self-referring statement. Both "I was pretty" and "I was charming" are dependent ("that" is assumed before the phrase "I was charming"). Example: "If I go to the store and I go to get gas, I will be late" counts as one self-referring statement. The first two clauses pertain to the "if" and are both dependent.

7. In a quotation beginning with "I said," all statements within the quotation are self-referring, regardless of whether they include a personal pronoun. Example: "I said, 'you are no good. You never do anything right'" counts as two self-referring statements.

8. A quotation addressed to the speaker by another person counts as a self-referring quotation. Example: "He said to me, 'It's raining outside. It may turn to sleet'" counts as two self-referring statements.

9. A quotation which refers to the person, even if it is introduced by "he said," rather than "he said to me" is counted as self-referring. Example: "That man was talking about me. He said, 'she is no good'" counts as two self-referring statements. The first sentence counts as one, and the quotation counts as one. Example: "My boyfriend was criticizing me. He said, 'you never do anything right. You are helpless.'" counts as three self-referring statements. The first sentence counts as one, and there are two in the quotation.

10. Count isolated dependent clauses which are not in a sentence if they occur as the first sentence after the word "client" in a new paragraph. These are answers to the therapist's questions, and are often not in the form of a complete sentence. Example: "When I am with my mother" counts as one self-referring statement.

Criteria for Family References

In addition to self-referring statements, statements which refer to the client's spouse and family will be counted. These include statements about spouse, children, parents, grandparents, cousins, aunts, uncles, and all other family members. These do not include friends or anybody outside the client's family. The rules for compound and complex sentences, quotations, and false starts apply to statements about family in the same way that they refer to self-referring statements. Statements about family are introduced by the person's name, or by "my mother," etc., or by "he," "she," "they," etc. When necessary the therapist's question will be included to identify the person to which the client is referring. Example: Therapist: How old is your brother? Client: He is 25. The client's statement counts as one family reference.

The following rules apply to family references.

1. In a quotation beginning with "he," "she," etc., or a family member's name, each statement in the quotation counts as a family reference. Example: "My mother said, 'I am very tired. I think I will go to bed'" counts as two family references. Example: "My father is very pessimistic about people. He says, 'I don't trust anybody'" counts as two family references. The first sentence counts as one and the quotation counts as one.

2. Statements which contain both self and family references count only as family references. Example: "My father never loved me" counts as one self-reference. It does not count as a family reference. This rule applies even when the self-reference occurs in a dependent clause, and the family reference occurs in the main clause. Example: "When I talk too much, my husband gets angry" counts as one self-reference. It does not count as a family reference.

3. Compound sentences can contain both self-references and family references. Example: "My mother never loved me and she never loved my sister" counts as one self-reference (my mother never loved me) and one family reference (she never loved my sister).

Appendix E

Instructions for Rating Therapist Statements

For each sentence that falls in one of the following categories, put brackets around the sentence and put the appropriate letter code for that category in front of the sentence. If the sentence doesn't fit in any of these categories, do not put brackets around it.

Empathy (E)

There are two types of sentences that fit in this category.

1. Any statement by the therapist that he (or she) understands how the client feels or what the client is experiencing. Examples: "I think I understand how you feel." "I can understand what that must be like for you."

2. A statement of inference by the therapist of what he (or she) perceives the client's feelings or experience to be. Examples: "You must feel very discouraged." "That must be terrible for you." "It sounds like that really bothered you."

Do not include as empathy statements, questions by the therapist about how the client is feeling. Example: Do not include "Do you feel depressed?" Do not include as empathy statements, statements in which the therapist repeats what the client has said. Example: Do not include "You said before that you feel depressed."

Norm Disclosure (ND)

Norm disclosure is a statement by the therapist that other people experience the client's problem. Example: "The problem you've described is something that many people share." The statement of norm disclosure need not specifically mention the client. Examples: "That's the way most people feel about it." "I've talked to many people that have had a problem with depression."

Self-Disclosure (SD)

Self-disclosure is a statement by the therapist about personal problems or experiences, or a statement that the therapist has had experiences similar to the client's. Examples: "I've had a similar experience." "I used to have a problem with depression."

Do not include as self-disclosure, the therapist's statements which refer to the interview. Examples: Do not include, "I'm confused. Could you explain that further?" Do not include, "I don't understand what you mean."

Advise (A)

Advise is any statement by the therapist of what the client should do. Examples: "I think you should stop taking that medicine." "You should try to get more exercise."

Interpretation (I)

Interpretation is any statement by the therapist of what is causing the client's problems. Examples: "You're depressed because you aren't expressing your anger enough." "Your problems come from your relationship with your father."

General Instructions

1. Do not count incomplete sentences.
2. Count clauses in compound sentences separately.
3. Sentences can be coded for more than one category. In these cases, put all the appropriate codes in front of the sentence. Example: E, SD ("I think I understand how you feel because I had a similar experience.") counts as both empathy and self-disclosure. Therefore, both codes are placed outside the brackets.
4. Do not code statements made by the therapist which give information to the client about mental health center procedures or about the purpose of the interview. Examples: Do not code "The initial interview is mainly to get information about the kind of problems you're having." Do not code "You will have to have an interview with one of our doctors before you can receive medication."
5. A sentence need not fit into any of the categories.

Appendix F

Tables

Table 1
Adjusted Means for Number of Client Self and Family References

			Topics					
			1	2	3	4	5	6
Norm Disclosure	Empathy	S ^a	33.89	20.56	21.67	28.67	27.00	24.89
		F ^b	23.94	24.28	21.61	17.61	21.83	12.39
	No Empathy	S	19.54	27.09	23.09	21.65	21.98	19.09
		F	16.58	16.58	24.14	16.47	25.69	17.14
Self Disclosure	Empathy	S	31.19	23.96	22.96	24.30	25.74	22.19
		F	17.12	19.90	24.12	19.68	23.79	14.46
	No Empathy	S	33.11	34.56	27.22	31.67	29.33	29.00
		F	14.23	16.67	19.78	14.56	23.89	12.45
No Disclosure	Empathy	S	30.57	24.79	22.13	25.79	21.13	23.68
		F	17.44	19.55	24.88	15.00	27.77	14.33
	No Empathy	S	31.67	33.45	27.00	31.45	31.05	25.11
		F	16.08	17.08	22.42	16.53	21.86	15.97

^aS indicates self-references.

^bF indicates family references.

Table 2
Adjusted Means for Client Speech Duration in Seconds

		Topics					
		1	2	3	4	5	6
Norm Disclosure	Empathy	205.52	188.74	170.19	180.08	192.30	156.97
	No Empathy	152.85	176.30	184.07	156.63	181.74	169.30
Self Disclosure	Empathy	201.00	178.66	183.33	179.33	203.89	154.44
	No Empathy	209.59	208.25	190.14	188.03	204.48	202.03
No Disclosure	Empathy	200.28	186.73	176.17	157.40	182.40	165.73
	No Empathy	191.31	188.53	195.20	179.20	210.09	163.87

Table 3
Factor Analysis for the Interview Rating Scale

Questions	Factors							
	1	2	3	4	5	6	7	8
1	.39	.53	.46	-.02	-.22	-.02	.04	-.22
2	-.02	.08	.79	.12	.11	-.07	-.03	.02
3	-.00	.12	.84	.02	.03	.17	.11	.01
4	.47	-.03	.05	.20	.61	-.41	.00	.09
5	.20	.44	.03	.02	-.14	.24	.10	.61
6	.07	-.13	.28	.06	.71	.30	.30	.06
7	.29	.38	-.12	-.22	.61	.01	.24	.19
8	.00	.04	.30	-.07	.06	.76	.02	.29
9	.05	.68	.30	.05	.13	.13	.10	.36
10	.48	.04	-.13	-.12	.48	.31	-.21	-.00
11	.12	.06	.04	-.11	.13	.02	.89	.02
12	.23	.00	.33	.41	.47	-.08	-.18	-.21
13	.12	.10	-.01	.26	.04	.03	.08	.82
14	.56	-.11	.40	.10	-.23	.29	-.06	.42
15	.80	.20	-.03	-.11	.25	-.08	-.13	.02
16	.15	.15	-.16	.39	.08	.67	.01	-.03
17	.88	.12	-.05	-.06	.08	.05	.13	.02
18	.54	.13	.04	.02	.30	.30	.12	.44
19	.72	-.17	.14	.08	.12	.03	.28	.24
20	.05	-.05	-.06	-.39	.30	.02	-.34	.62
21	-.08	-.10	.13	.81	-.03	.07	.00	.12
22	-.07	.51	.01	.65	.07	.11	-.24	.11

Note. Factors presented are based on Varimax rotation.

Table 4
Mean Factor Scores for Factor 1 on Interview Rating Scale

	Empathy	No Empathy
Norm Disclosure	-.21	.06
Self-Disclosure	-.12	.23
No Disclosure	-.13	.17

Table 5
Mean Factor Scores for Factor 2 on Interview Rating Scale

	Empathy	No Empathy
Norm Disclosure	-.61	.54
Self-Disclosure	-.50	.40
No Disclosure	-.01	.17

Table 6
Mean Factor Scores for Factor 3 on Interview Rating Scale

	Empathy	No Empathy
Norm Disclosure	-.27	-.45
Self-Disclosure	.03	.37
No Disclosure	.08	.24

Table 7

Mean Factor Scores for Factor 4 on Interview Rating Scale

	Empathy	No Empathy
Norm Disclosure	-.19	.16
Self-Disclosure	-.02	-.00
No Disclosure	.31	-.26

Table 8

Mean Factor Scores for Factor 5 on Interview Rating Scale

	Empathy	No Empathy
Norm Disclosure	-.70	.07
Self-Disclosure	.47	-.40
No Disclosure	.12	.43

Table 9
Mean Factor Scores for Factor 6 on Interview Rating Scale

	Empathy	No Empathy
Norm Disclosure	-.05	-.14
Self-Disclosure	.18	.43
No Disclosure	-.38	-.04

Table 10
Mean Factor Scores for Factor 7 on Interview Rating Scale

	Empathy	No Empathy
Norm Disclosure	.06	-.04
Self-Disclosure	-.31	.52
No Disclosure	-.47	.24

Table 11
Mean Factor Scores for Factor 8 on Interview Rating Scale

	Empathy	No Empathy
Norm Disclosure	-.41	-.09
Self-Disclosure	-.43	.42
No Disclosure	.25	.26

Table 12
Analysis of Covariance for Number of Client Self and
Family References

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Between Subjects			
Disclosure	2	82.57	<1.00
Empathy	1	5.76	<1.00
Disclosure X Empathy	2	258.88	1.10
Covariate	1	18349.84	78.00
Error	47	235.27	
Within Subjects			
Topic	5	439.06	6.67**
Topic X Disclosure	10	3.02	<1.00
Topic X Empathy	5	119.14	1.81
Topic X Disclosure X Empathy	10	52.75	<1.00
Error	240	65.87	
Referent	1	2097.70	10.54**
Referent X Disclosure	2	426.88	2.15
Referent X Empathy	1	636.67	3.20*
Referent X Disclosure X Empathy	2	551.43	2.77*
Covariate	1	9347.78	46.97
Error	47	199.00	
Topic X Referent	5	592.31	7.65**
Topic X Referent X Disclosure	10	32.73	<1.00
Topic X Referent X Empathy	5	162.15	2.09*
Topic X Referent X Disclosure X Empathy	10	71.44	<1.00
Error	240	77.42	

* $p < .10$.

** $p < .01$.

Table 13
Analysis of Covariance for Client Speech Duration

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Between Subjects			
Disclosure	2	6426.22	1.32
Empathy	1	1887.13	<1.00
Disclosure X Empathy	2	5423.22	1.11
Covariate	1	393870.44	80.80
Error	47	4874.41	
Within Subjects			
Topic	5	6355.81	4.29*
Topic X Disclosure	10	292.21	<1.00
Topic X Empathy	5	2154.60	1.45
Topic X Disclosure X Empathy	10	1513.67	1.02
Error	240	1481.43	

* $p < .01$.

Table 14
Multivariate Analysis of Variance for Factor Scores on
Interview Rating Scale

Source	df (Hypothesis/Error)	1st Character- istic Root	F ^a
Disclosure	16/84	.21	<1.00
Empathy	8/41	.41	2.11*
Disclosure X Empathy	16/84	.24	<1.00

^aBased on Pillai's Trace.

* $p < .06$.

Table 15
Univariate Analysis of Variance for Factor 1 on
Interview Rating Scale

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Disclosure	2	.08	<1.00
Empathy	1	1.27	1.19
Disclosure X Empathy	2	.01	<1.00
Error	48	1.07	

Table 16
 Univariate Analysis of Variance for Factor 2 on
 Interview Rating Scale

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Disclosure	2	.09	<1.00
Empathy	1	7.56	8.43*
Disclosure X Empathy	2	1.12	1.25
Error	48	.90	

*p < .01.

Table 17
Univariate Analysis of Variance for Factor 3 on
Interview Rating Scale

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Disclosure	2	1.73	1.70
Empathy	1	.16	<1.00
Disclosure X Empathy	2	.31	<1.00
Error	48	1.02	

Table 18
Univariate Analysis of Variance for Factor 4 on
Interview Rating Scale

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Disclosure	2	.01	<1.00
Empathy	1	.06	<1.00
Disclosure X Empathy	2	.99	<1.00
Error	48	1.06	

Table 19
 Univariate Analysis of Variance for Factor 5 on
 Interview Rating Scale

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Disclosure	2	1.60	1.77
Empathy	1	.06	<1.00
Disclosure X Empathy	2	3.20	3.55*
Error	48	.90	

* $p < .05$.

Table 20
Univariate Analysis of Variance for Factor 6 on
Interview Rating Scale

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Disclosure	2	1.31	1.27
Empathy	1	.37	<1.00
Disclosure X Empathy	2	.23	<1.00
Error	48	1.03	

Table 21
Univariate Analysis of Variance for Factor 7 on
Interview Rating Scale

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Disclosure	2	.22	<1.00
Empathy	1	3.06	3.11*
Disclosure X Empathy	2	1.15	1.17
Error	48	.98	

* $p < .08$.

Table 22
Univariate Analysis of Variance for Factor 8 on
Interview Rating Scale

Source	<u>df</u>	<u>MS</u>	<u>F</u>
Disclosure	2	1.15	1.18
Empathy	1	2.11	2.16
Disclosure X Empathy	2	.81	<1.00
Error	48	.98	

Appendix G

Figures

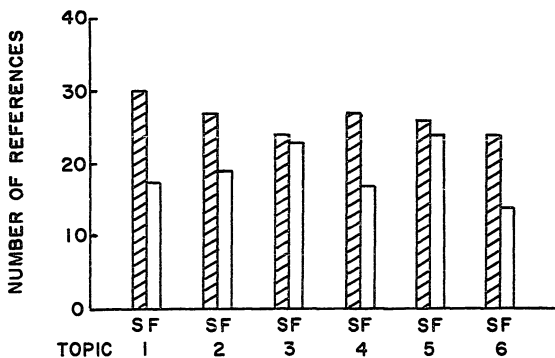


Figure 1. Number of Self and Family References Across Six Interview Topics.

Legend:

S - Self.

F - Family.

Topic 1 - Further discussion of the problem.

Topic 2 - Background of the problem.

Topic 3 - Current social situation.

Topic 4 - Social life.

Topic 5 - Social and family history.

Topic 6 - Goals of therapy.

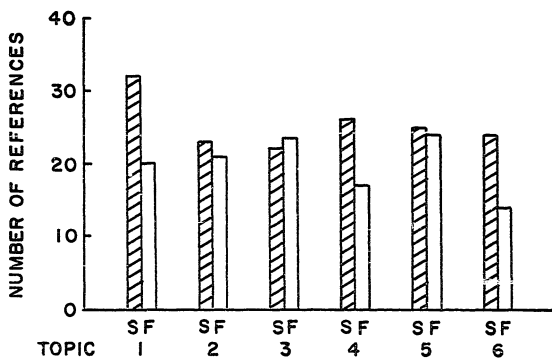


Figure 2. Number of Self and Family References Across Six Interview Topics for Clients Receiving Empathy.

Legend:

S - Self.

F - Family.

Topic 1 - Further discussion of the problem.

Topic 2 - Background of the problem.

Topic 3 - Current social situation.

Topic 4 - Social life.

Topic 5 - Social and family history.

Topic 6 - Goals of therapy.

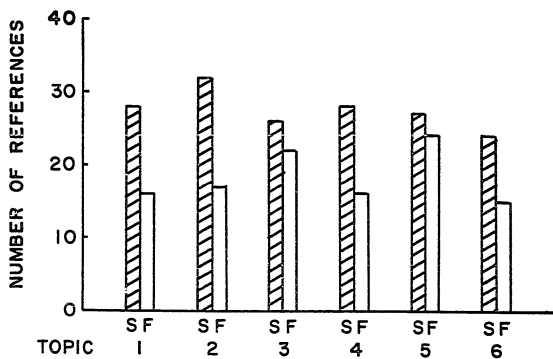


Figure 3. Number of Self and Family References Across Six Interviews Topics for Clients Receiving No Empathy.

Legend:

S - Self.

F - Family.

Topic 1 - Further discussion of the problem.

Topic 2 - Background of the problem.

Topic 3 - Current social situation.

Topic 4 - Social life.

Topic 5 - Social and family history.

Topic 6 - Goals of therapy.

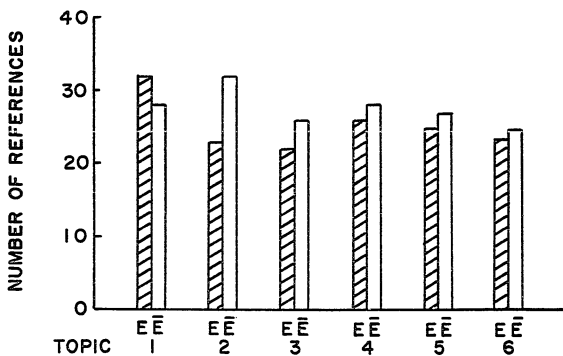


Figure 4. Number of Self-References Across Six Interview Topics For Clients Receiving Empathy and No Empathy.

Legend:

E - Empathy.

Ē - No Empathy.

Topic 1 - Further discussion of the problem.

Topic 2 - Background of the problem.

Topic 3 - Current social situation.

Topic 4 - Social life.

Topic 5 - Social and family history.

Topic 6 - Goals of therapy.

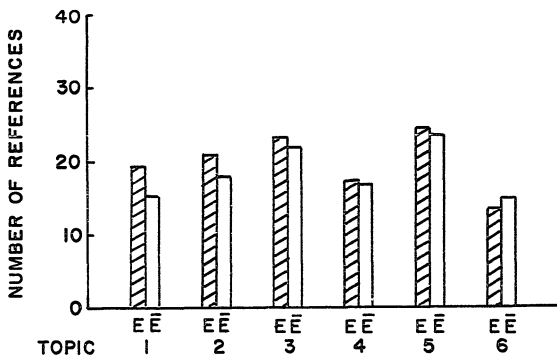


Figure 5. Number of Family References Across Six Interview Topics For Clients Receiving Empathy and No Empathy.

Legend:

E - Empathy.

Ē - No Empathy.

Topic 1 - Further discussion of the problem.

Topic 2 - Background of the problem.

Topic 3 - Current social situation.

Topic 4 - Social life.

Topic 5 - Social and family history.

Topic 6 - Goals of therapy.

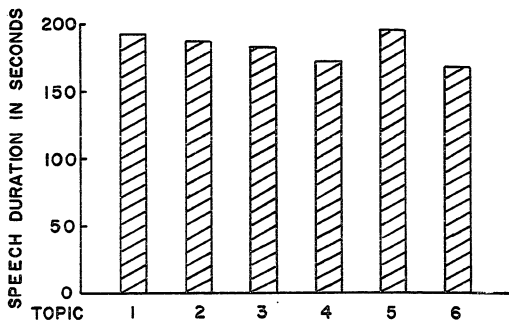


Figure 6. Speech Duration Across Six Interview Topics.

Legend:

Topic 1 - Further discussion of the problem.

Topic 2 - Background of the problem.

Topic 3 - Current social situation.

Topic 4 - Social life.

Topic 5 - Social and family history.

Topic 6 - Goals of therapy.